



Arkansas Department of Human Services

Division of Developmental Disabilities Services

CERTIFICATION STANDARDS  
for

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*Home and Community Based  
Services & Supports*

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## PHILOSOPHY & MISSION STATEMENT

The Division of Developmental Disabilities Services (DDS), the DDS Board, and its providers are dedicated to the pursuit of the following goals:

- Advocating for adequate funding, staffing, and services to address the needs of persons with developmental disabilities.
- Encouraging an interdisciplinary service system to be utilized in the delivery of appropriate individualized and quality services.
- Protecting the constitutional rights of individuals with disabilities and their rights to personal dignity, respect and freedom from harm.
- Assuring that individuals with developmental disabilities who receive services from DDS are provided uninterrupted essential services until such time a person no longer needs to depend on these services.
- Encouraging family, guardian, individual, and public or community involvement in program development, delivery, and evaluation.
- Engaging in statewide planning that ensures optimal and innovative growth of the Arkansas service system to meet the needs of persons with developmental disabilities and to assist such persons to achieve independence, productivity, and integration into the community.

To accomplish its mission, DDS, the DDS Board, and its providers are committed to the principle and practices of: normalization, least restrictive alternatives, affirmation of individuals' constitutional rights, provision of quality services, the interdisciplinary service delivery model, and the positive management of challenging behaviors.

## Table of Contents

<b>INTRODUCTION .....</b>	<b>7</b>
<b>100 GOVERNING BODY AND LEADERSHIP.....</b>	<b>8</b>
101 Articles of Incorporation .....	8
102 Bylaws.....	8
103 Mission Statement .....	9
104 Strategic Planning .....	9
105 Governing Body Administrative Responsibilities .....	10
106 Governing Body Training – New Members.....	10
107 Governing Body Training – Ongoing .....	11
108 Program Observation .....	12
109 Governing Body Policies .....	12
<b>200 PERSONNEL POLICIES &amp; RECORDS.....</b>	<b>13</b>
201 Personnel Policies– General.....	13
202 Hiring and Promotion.....	13
203 Grievances and Complaints.....	13
204 Drug Testing.....	13
205 Registry Checks .....	13
206 Criminal Record Checks .....	14
207 Health Checks .....	15
208 Job Application Process .....	16
209 Personnel Files .....	16
210 Contractors and Sub-Contractors .....	17
211 Staff Recruitment and Retention.....	17
212 Job Descriptions.....	17
213 Performance Evaluations .....	17
214 Volunteers .....	18
215 Discipline and Termination.....	18
<b>300 STAFF TRAINING .....</b>	<b>19</b>
301 Staff Training Personnel .....	19
302 Training Plan.....	19
303 Initial Training for All Staff.....	19
304 Ongoing Training – All Staff.....	20
305 Position Specific Training.....	20
<b>400 RIGHTS.....</b>	<b>22</b>
401 Policy.....	22
402 Rights .....	22
403 Residential Setting Rights.....	23
<b>500 GENERAL POLICY.....</b>	<b>24</b>
501 Solicitation .....	24
502 Marketing .....	24
503 Health and Safety Program .....	25
504 Rights of Persons with Communicable Diseases.....	25
505 Confidentiality and Accessibility.....	25
506 Reporting to Abuse Hotlines .....	25

507	Internal Incident Reporting .....	25
508	Infection Control .....	26
509	Emergency Preparedness .....	26
510	Corporal Punishment.....	26
511	Notification of Change in Executive Director .....	27
512	Notification of Change in President of Governing Body .....	27
513	Service Interruption.....	27
514	Destruction of Records.....	27
515	Admission Criteria .....	27
516	Death of Persons Served by the Organization.....	27
517	Positive Approach to Behavior Management .....	28
518	Medication Administration .....	28
519	Case Management and Direct Service .....	28
520	Smoking .....	29
521	Rights of Persons for Whom Guardians have been Appointed.....	29
522	DDS Access .....	29
<b>600</b>	<b>COMPLAINTS &amp; APPEALS.....</b>	<b>30</b>
601	Complaint Policy.....	30
602	Review.....	30
603	Appeal Policy .....	30
604	Availability.....	30
<b>700</b>	<b>FINANCIAL INTERESTS .....</b>	<b>31</b>
701	Policy.....	31
<b>800</b>	<b>INCIDENT REPORTING REQUIREMENTS .....</b>	<b>32</b>
801	Incident Reporting.....	32
802	Reportable Incidents.....	32
803	Reporting Time Frames and Methods.....	33
804	Reporting to Entities Other Than DDS .....	33
<b>900</b>	<b>SIGNIFICANT ADMINISTRATIVE EVENT REPORTING REQUIREMENTS .....</b>	<b>34</b>
901	Significant Event Reporting.....	34
902	Reportable Events .....	34
<b>1000</b>	<b>BEHAVIOR MANAGEMENT .....</b>	<b>35</b>
1001	Challenging Behavior Definition .....	35
1002	Behavior Management Plan Development.....	35
1003	Behavior Management Plan .....	36
1004	Qualifications of Persons Who May Develop a Behavior Management Plan .....	37
1005	Data Collection and Review.....	37
1006	Medications as Behavior Management .....	37
<b>1100</b>	<b>MEDICATION MANAGEMENT .....</b>	<b>38</b>
1101	Medication Management Plan.....	38
1102	Medication Logs.....	38
1103	Medication Monitoring .....	38
1104	Medication Errors.....	38
1105	PRN Medications .....	39

<b>1200 RECORDS.....</b>	<b>40</b>
1201 File Organization.....	40
1202 File Access – Written or Electronic .....	41
1203 File Content Confidentiality.....	41
1204 Electronic Records .....	41
1205 File Location .....	42
1206 Record Retention.....	42
<b>1300 PLANS .....</b>	<b>43</b>
1301 Responsible Entity .....	43
1302 Functional Assessment and Evaluation.....	43
1303 Person-Centered Plan Development Meeting Participants .....	43
1304 Person-Centered Plan Development Meeting Process .....	44
1305 Time Frames.....	45
1306 Person-Centered Service Plan Components.....	46
1307 Data Collection.....	46
1308 Case Notes.....	47
1309 Person-Centered Service Plan Review .....	47
1310 Annual Person-Centered Service Plan Review .....	48
1311 Prescriptions.....	48
<b>1400 CHANGE IN PROVIDER .....</b>	<b>49</b>
1401 Change in Direct Service or Case Management Provider.....	49
1402 Current Case Management Provider Responsibilities.....	49
1403 Prospective Case Management Provider Responsibilities .....	49
1404 Current Direct Service Provider Responsibilities .....	50
1405 Prospective Direct Service Provider Responsibilities.....	50
<b>1500 SERVICES TO PERSONS NEWLY ACCESSING HCBS .....</b>	<b>52</b>
1501 Information Gathering and Initial Planning Meeting.....	52
<b>1600 TERMINATION OF SERVICES .....</b>	<b>53</b>
1601 Provider Responsibilities During Termination of Services .....	53
<b>1700 ACCREDITED ORGANIZATIONS.....</b>	<b>54</b>
1701 Accreditation .....	54
1702 Required Communications with DDS.....	54
1703 Access by DDS .....	54
1704 DDS Contact with Accrediting Organizations.....	54
1705 DDS Certification of Accredited Organizations .....	55
1706 DDS Withdrawal of Deemed Status .....	55
<b>1800 STAFF QUALIFICATIONS .....</b>	<b>56</b>
1801 Qualifications for Specified Positions.....	56
<b>1900 PHYSICAL PLANT .....</b>	<b>58</b>
1901 Policy.....	58
1902 Accessibility .....	58
1903 Structure .....	58
1904 Environment.....	58
1905 Smoking .....	59
1906 Safety.....	59

1907	Rights .....	60
1908	Living and Dining Area .....	60
1909	Kitchen .....	60
1910	Bedroom.....	60
1911	Bathrooms .....	61
<b>2000</b>	<b>SERVICES .....</b>	<b>62</b>
2001	Attendant Services and Supports .....	62
2002	Supportive Living.....	63
2003	Case Management .....	65
2004	Non-Medical transportation .....	66
2005	Organized Health Care Delivery System .....	68
2006	Consultation Services.....	68
2007	Relief Care .....	69
2008	Crisis Intervention.....	70
2009	Positive Behavioral Supports .....	71
2010	Supported Employment.....	72
2011	Community Transition .....	73
<b>2100</b>	<b>RESIDENTIAL SETTINGS.....</b>	<b>75</b>
<b>2200</b>	<b>DAY SERVICE SETTINGS.....</b>	<b>77</b>
<b>2300</b>	<b>DUE PROCESS .....</b>	<b>79</b>
2301	Definition .....	79
2302	Specific Actions within the Process.....	79
<b>2400</b>	<b>SITE APPROVAL .....</b>	<b>80</b>
2401	Notice .....	80
2402	Permission .....	80
<b>2500</b>	<b>PAYMENT TO RELATIVES .....</b>	<b>81</b>
2501	Persons less than 18 years of age .....	81
2502	Persons over 18 years of age.....	81
2503	Qualifications .....	81
<b>2600</b>	<b>DESIGNATION OF SERVICES, AREA AND NUMBERS .....</b>	<b>82</b>
2601	Numbers Served.....	82
2602	Counties Served .....	82
2603	Services .....	82
<b>GLOSSARY .....</b>		<b>83</b>

## INTRODUCTION

The certification standards for *Home and Community Based Services & supports* have been developed and implemented to accomplish normalization, least restrictive alternatives, affirmation of individuals' constitutional rights, provision of quality services, the person-centered, interdisciplinary service delivery model, and the positive management of challenging behaviors.

These standards apply to services funded by Arkansas Community First Choice and the Home and Community Based Services Waiver. All standards are applicable to all services, unless otherwise specified.

Administrative Rules and Regulations Sub-Committee of the  
Arkansas Legislative Council:  
Effective Date:  
Implementation Date:

## **100 GOVERNING BODY AND LEADERSHIP**

### **101 Articles of Incorporation**

- A. The Organization shall be legally incorporated and registered to do business in the State of Arkansas.
- B. The Organization's governing body must file any changes in the Articles of Incorporation with the Secretary of State, to include:
  - 1. Name changes,
  - 2. Amendments, or
  - 3. Any reconstitution of the governing body or Organization.
- C. The Organization shall, upon filing, provide to DDS copies of any changes in its Articles of Incorporation.

### **102 Bylaws**

- A. The governing body shall establish bylaws that govern the internal affairs of the Organization and address each of the following areas, as applicable:
  - 1. The composition of the governing body, to include:
    - a. The number of members,
    - b. Eligibility criteria, such as citizenship and residency,
    - c. A requirement that twenty percent of the membership be made up of consumer and advocate representation, defined as
      - i. A service user,
      - ii. An immediate family member or guardian of a person who is receiving or has received services from the Organization, or
      - iii. A person that advocates on behalf of the population served.
    - d. A requirement that persons with a developmental disability shall serve on the governing body who may or may not have voting privileges, according to ACA § 20-48-705
    - e. A stipulation that the Director of the Organization may serve, but only as a non-voting, ex-officio member, and
    - f. A statement describing any requirements regarding nepotism and conflict of interest,
      - i. Which must prohibit any paid employees other than persons receiving services, from serving as governing body members, and
      - ii. Allow for paid employees serving on the Governing body as of 11/01/07 to serve the remainder of their current term.
  - 2. Selection of members, to include, at least:
    - a. The terms of membership, according to the Articles of Incorporation, and
    - b. Replacement and removal of directors, to include resignation, removal for non-attendance or other named reasons.
  - 3. Election of officers and directors,
  - 4. The duties and responsibilities of officers, including:
    - a. The purpose, structure, responsibilities, and authority of each position, and
    - b. The duties and functions of any standing and ad hoc committees



5. Frequency and conduct of meetings of the governing body and committees, to include requirements that the governing body shall:
  - a. Plan, organize, and conduct all meetings in accordance with the Organization's by-laws, policies, procedures, applicable statutes, or other appropriate regulations,
  - b. Meet not less than four times per year,
  - c. Adopt written policies to guide the conduct of its meetings, such as Parliamentary Procedure or Robert's Rules of Order,
  - d. Conduct meetings at a time and place which makes the meetings accessible to the public,
6. Assurance that all meetings, except as otherwise specifically provided by law, are public, to include that the governing body shall:
  - a. Announce all regular meetings and executive sessions, in compliance with ACA §§ 25-19-101 – 25-19-107 "Freedom of Information Act", except if meetings are held at the same time and location, one annual notification and posting is sufficient
  - b. Notify all local media one week in advance of meetings,
  - c. Post notices in a prominent location in all organization physical plants accessed by the public or service users, and
  - d. Maintain documentations of the notifications.
7. Assurance that the governing body will maintain written minutes of meetings which accurately document names of all members present and any action taken at the meetings.
8. Assurance the governing body will make all written minutes available to the staff and persons by maintaining minutes in a readily accessible location.
9. Assurance that the governing body will provide all written minutes to members of the public upon request, as required under the Freedom of Information Act.

### **103 Mission Statement**

- A. The governing body shall develop and adopt a mission statement which shall:
  1. Aid in guiding its activities,
  2. State the goals of the organization,
  3. Be developed with input from stakeholders, including persons served by the Organization,
  4. Be reviewed and revised, if needed, at least every two years.

### **104 Strategic Planning**

- A. The governing body shall develop and implement a long-range plan that contains annual and long-range goals that address the needs of the community and the persons they serve. The governing body shall ensure the plan is:
  1. Developed and implemented with the input of stakeholders, including persons served by the Organization, and
  2. Reviewed annually by the governing body, and updated as necessary.
- B. The governing body shall approve the initiation, expansion, or modification of the program, based on:
  1. An evaluation of the needs of the community, and
  2. The capability of the Organization to have an effect upon those needs within the parameters of its established goals and objectives.

## **105 Governing Body Administrative Responsibilities**

- A. The governing body shall demonstrate corporate social responsibility while maintaining overall accountability for the administration and direction of the Organization, and shall delegate authority and responsibility to executive leadership as deemed appropriate by the governing body.
1. The governing body shall identify:
    - a. The leadership structure of the organization, and
    - b. The roles and responsibilities of each level of leadership
  2. The identified leadership shall guide the following:
    - a. Establishment of the mission and direction of the Organization,
    - b. Promotion of the value of the achievement of outcomes in the programs and services offered,
    - c. Balancing efforts to meet the expectations of persons and other stakeholders,
    - d. Financial solvency,
    - e. Compliance with insurance and risk management requirements,
    - f. Ongoing performance improvement,
    - g. Development and implementation of corporate responsibilities, and
    - h. Compliance with all legal and regulatory requirements.
  3. The governing body shall establish minimum qualifications requirements for persons serving as Director of the Organization. The minimum qualifications must include at least the following:
    - a. Bachelor's Degree or higher, in a field specified by the governing body,
    - b. At least 3 years' experience in a management or supervisory position,
    - c. At least 1 year experience working with persons with a developmental disability,
    - d. Not be disqualified from employment due to a criminal record according to Ark Code Ann. §20-38-101 et seq.,
    - e. Not be listed on either the Adult or Child Maltreatment Registry, and
    - f. Have satisfactorily completed a drug screen in accordance with the Organization's policies.
- B. The governing body shall respond to the diversity of its stakeholders with respect to culture, age, gender, sexual orientation, spiritual belief, socioeconomic status, disability, and language.
- C. The governing body shall establish and implement a policy that establishes a requirement that its members:
1. Are informed of the decisions made by program leadership,
  2. Are mindful of the operations of the Organization's program,
  3. Periodically review and evaluate programs in relation to the program goals, and
  4. Maintain written documentation of its oversight activities.

## **106 Governing Body Training – New Members**

- A. The governing body shall develop and implement a plan for training new members. The plan shall require:
1. A minimum of three hours training within the first year of service for each new member, and
  2. That the three hours include at least the following topics during the first year:
    - a. Functions and Responsibilities of the governing body

- b. Legal Responsibilities of the governing body
  - c. DHS Policy 1090, DHS Incident Reporting,
  - d. Abuse and Neglect reporting,
  - e. The Freedom of Information Act,
  - f. An overview of the DDS Certification Standards for Home and Community Based Services and Supports and the annual review performed by DDS certification staff,
  - g. The Health Insurance Portability and Accountability Act (HIPAA), and
  - h. Other confidentiality requirements such as the Federal Privacy Act.
- B. The governing body may arrange with another organization to provide any or all of the training.
- C. The governing body may disseminate training information to new members if they are unable to attend training sessions in person.
- D. The governing body must maintain documentation of the training provided to each new member, to include the:
- 1. Topic,
  - 2. Date,
  - 3. Location,
  - 4. Names of persons involved, including the trainer and the participants, and
  - 5. The training method, e.g. video, written material, etc.

#### **107 Governing Body Training – Ongoing**

- A. The governing body shall maintain a general plan for ongoing training for all members. The plan shall require:
- 1. A minimum of three hours training annually, and
  - 2. Topics, selected by the governing body which are relevant to the goals in the annual plan and to the services provided by the Organization.
- B. The governing body may arrange with another organization to provide any or all of the training.
- C. The governing body may disseminate training information to members if they are unable to attend training sessions in person.
- D. The Governing body must maintain documentation of the training provided to each member, to include the:
- 1. Topic,
  - 2. Date,
  - 3. Location,
  - 4. Names of persons involved, including the trainer and the participants, and
  - 5. The training method, e.g. video, written material, etc.

## **108 Program Observation**

- A. Members of the governing body shall make annual visits during operating hours to each service component of the Organization.
  - 1. If on-site observations to each physical location are not feasible, each member must observe at least one physical site from each service component during the calendar year.
  - 2. The member must visit a different site each year.
  - 3. Committees or individual members may visit specific components and report their observations to the other members of the governing body.
- B. The governing body will maintain documentation of visits and observations in minutes of meetings.

## **109 Governing Body Policies**

- A. The governing body shall establish policies which:
  - 1. Define program criteria for eligibility, admission and readmission, transition, discharge, and exit,
  - 2. Describe financial oversight activities of the governing body, to include strategic financial planning designed to guide the Organization so that it meets established outcomes for persons they serve.
  - 3. Require written budgets that include:
    - a. Reasonable projections of revenues and expenditures,
    - b. Input from stakeholders, including persons served by the Organization,
    - c. Comparison to historical performance, and
    - d. Dissemination to personnel, and stakeholders, as appropriate.
  - 4. Require that, at least quarterly, actual financial results are:
    - a. Compared to the budget, and
    - b. Reported to appropriate personnel, persons served, and other stakeholders
  - 5. Require that, at least annually, the Organization identifies and reviews, at a minimum:
    - a. Revenues and expenses,
    - b. Internal and external financial issues, and
    - c. Financial solvency, with the development and implementation of remediation plans, if necessary.

## **200 PERSONNEL POLICIES & RECORDS**

### **201 Personnel Policies– General**

- A. The Organization shall develop and implement clearly stated personnel policies that are:
1. Approved by the governing body,
  2. Reviewed annually by leadership, including at least the Executive Director and the governing body,
  3. Conform to state and federal laws, rules and regulations, and
  4. Available in written form to employees as required by 42 U.S.C. § 2000a – 2000 h-6 “Title VI of the Civil Rights Act of 1964” and U.S.C. § 12101 et. Seq. Americans with Disabilities Act.

### **202 Hiring and Promotion**

- A. The Organization shall develop and implement policies that require hiring and promotion practices that are non-discriminatory because of sex, age, disability, creed, marital status, ethnic or national membership.

### **203 Grievances and Complaints**

- A. The Organization shall develop and implement policies that address how employees and volunteers may voice grievances or complaints. The policy must:
1. Contain steps with specific time frames,
  2. Require documentation, including the date, of each action taken during the process,
  3. Allow for an appeal process which affords an objective review of the issue, and
  4. Allow for review by the governing body, if the issue is unresolved.

### **204 Drug Testing**

- A. The Organization shall develop and implement policies that require pre-employment, random and “for-cause” drug screens for all paid staff and volunteers. The policy must:
1. Address what steps will be taken regarding staff and volunteers who have positive results on pre-employment, random or “for-cause” drug screens
  2. Require that, in the event of a vehicular accident during working hours, the Organization will conduct or obtain a chemical test or test of the driver’s blood, breath, or urine for the purpose of determining the alcohol or drug content of the driver’s blood, breath or urine,
  3. Stipulate the time frames in which the tests must take place, and
  4. Prohibit the employment or continued employment of any person who is found to have a positive test for drugs or alcohol. (See DHS Policy 1082 “Drug Screens and Criminal Background Checks of Medicaid Providers In-Home Care Services”)

### **205 Registry Checks**

- A. The Organization shall develop and implement policies that require Child Abuse Registry Checks and Adult Abuse Registry Checks for all paid and non-paid staff. The policy must:

1. Require that the Organization submit the registry check requests within 5 working days after employment of the individual,
  2. Require that the Organization submit a second request within 35 calendar days after employment of the individual if no response has been obtained,
  3. Require that the Organization must determine what action to take if they have not received a response with 60 calendar days after employment,
  4. Require that the Organization document all attempts to secure a response,
  5. Prohibit the Organization from employing or continuing to employ an applicant or employee whose name appears on either registry,
  6. Require subsequent checks every two years for the Child Abuse Registry, and
  7. Optionally, allow the Organization to accept a previous registry check if
    - a. The Organization has evidence that the individual has maintained employment in the state of Arkansas for the past 12 months, and
    - b. The check was conducted within the past 12 months.
- B. The Organization shall develop and implement policies that require Child Abuse Registry Checks and Adult Abuse Registry Checks for all persons over the age of 18 not related to the person receiving services who reside in the home that is owned, rented or leased by provider staff. The policy must:
1. Require that the Organization submit the registry check requests and obtain results for all individuals residing in the home prior to utilizing the home,
  2. Prohibit the Organization from utilizing a home as a setting if a resident's name appears on either central registry,
  3. Require subsequent checks at least every two years for the Child Abuse Registry,
  4. Require subsequent checks at least every five years for the Adult Abuse Registry.

## **206 Criminal Record Checks**

- A. The Organization shall develop and implement policies that require Criminal Record checks according to requirements in ACA §§20-38-105 and DDS Standards for Conducting Criminal Record Checks for Employees of Developmental Disabilities Service Providers for all paid and non-paid employees. The policy must:
1. Require that the Organization submit a record check prior to making an offer of employment,
  2. Require that the Organization submit a national (FBI) record check if the applicant has not lived in Arkansas continuously for five years prior to the date of application,
  3. Require that the Organization monitor all pending criminal record check applications to ensure results are received within:
    - a. 30 calendar days for state record checks, or
    - b. 120 calendar days for national (FBI) record checks, if applicable.
  4. Require that the Organization submit a second record check if they have not received a response in the allotted time frames, (See 206.A.3 a&b)
  5. Require that the Organization maintain documentation of all checks submitted, efforts to resolve pending checks and final DDS Determination Letters,
  6. Require that the Organization terminate the employment or deny further employment to the applicant should DDS determine the applicant or employee is disqualified from employment.
  7. Require subsequent checks at least every five years for all employees.



8. Optionally, allow the Organization to accept a previous record check if:
  - a. The Organization has evidence that the individual has maintained employment in the state of Arkansas for the past 12 months,
  - b. The check was conducted according to the requirements in ACA §§20-38-105, and
  - c. The check was conducted within the past 12 months.
- B. The Organization shall develop and implement policies that require Criminal Record checks according to requirements in ACA §§ 20-38-105 and DDS Standards for Conducting Criminal Record Checks for Employees of Developmental Disabilities Services Providers for all individuals over the age of 18 not related to the person receiving services who resides in the same private home that is owned, rented leased or operated by provider staff. The policy must:
  1. Require that the Organization submit a record check request and receive results for all individuals residing in the home prior to utilizing the home ,
  2. Require that the Organization submit a national (FBI) record check request and receive results if the individual residing in the home has not lived in Arkansas continuously for five years prior to utilizing the home as a setting, if applicable,
  3. Require subsequent checks at least every five years for all individuals residing in the home, and
  4. Require that the organization abandon the use of the home if any individual in the home is determined by DDS to be disqualified based on a criminal record check.

## **207 Health Checks**

- A. The Organization shall develop and implement policies that require staff to be tested for tuberculosis as defined by the Arkansas Department of Health Rules and Regulations Pertaining to Communicable Disease – Tuberculosis found at:  
<http://www.healthy.arkansas.gov/aboutADH/RulesRegs/Tuberculosis.pdf>. The policy must:
  1. Require that the Organization ensure all individuals who provide services are tested for tuberculosis. Staff who must be tested include:
    - a. Direct Care Staff,
    - b. Direct Care Supervisors, and
    - c. Case Managers.
  2. Require that staff, whose previous test was negative, are tested every three years,
  3. Require that staff, whose previous test was positive, provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
- B. The Organization shall develop and implement policies that require that all staff shall have an option to receive a series of vaccines for Hepatitis B. The policy must:
  1. Require that the Organization maintain documentation of staff who opt not to receive the series of vaccines for Hepatitis B.

## **208 Job Application Process**

- A. The Organization shall develop and implement policies that address the job application process. The policies shall require that the Organization will, prior to employment of any individual:
1. Acquire, verify and maintain documentation of:
    - a. Any required credentials,
    - b. A signed job application which contains a declaration of truth statement,
    - c. A signed release authorizing reference checks, and
    - d. A signed statement acknowledging that the applicant understands that they will be subject to pre-employment, random and “for-cause” drug screens .
  2. Initiate a criminal background check for all staff, including spouses and any persons over the age of 18 residing in an alternative living home, group home, or any home used to provide services.
  3. Initiate a drug screen in accordance with the Organization’s policies, and
  4. Initiate Adult and Child Abuse Registry Checks.

## **209 Personnel Files**

- A. The Organization shall develop and implement policies that address the maintenance and contents of personnel files. The policy must require that the file contain:
1. Completed job application,
  2. Completed reference checks,
  3. Successfully completed drug screens,
  4. Completed criminal background checks,
  5. Any waiver and DDS acknowledgement,
  6. DDS employment determination letter, based on number 4 above,
  7. Completed Registry checks,
  8. Current tuberculosis test results, if required,
  9. Documentation of required training,
  10. Documentation of required credentials, including copies of current certifications or licenses required by the specific job description,
  11. Signed statement acknowledging that the applicant understands that they will be subject to initial, random and “for-cause” drug screens,
  12. Current Hepatitis B series or a signed statement declining the series, and
  13. A copy of the results of any blood, breath or urine tests of any driver obtained after a vehicular accident while providing transportation services to a person.
- B. The Organization shall develop and implement policies that address access to personnel files. The policy must:
1. Require that an access sheet be kept in each file which will:
    - a. Be signed and dated by anyone accessing the file, and
    - b. State the reason the individual accessed the file.
  2. Clearly state who and the reasons for which persons may access files, and
  3. Assure compliance with the Federal Privacy Act, the Arkansas Privacy Act, the Freedom of Information Act and the Health Insurance Portability and Accountability Act.



## **210 Contractors and Sub-Contractors**

- A. The Organization shall develop and implement policies that define how the Organization will oversee services provided by contractors and sub-contractors. The policy must require that:
  - 1. Contractors and sub-contractors providing direct care services must comply with DDS policies and all applicable standards,
  - 2. Contractors and sub-contractors have verification and documentation of all applicable items listed in 209A, and
- B. The Organization will perform annual review of all contracts to assess performance of the services rendered under the contract in relation to the Organization's policy requirements and to the DDS standards applicable to the service provided.

## **211 Staff Recruitment and Retention**

- A. The Organization shall develop and implement policies for staff recruitment and retention so that it maintains sufficient staff to ensure the health and safety of the persons and to provide services according to their plans of care.
  - 1. The policy must define how the Organization will ensure that there are an adequate number of personnel to:
    - a. Ensure the safety of persons,
    - b. Meet the established goals and outcomes of persons,
    - c. Accommodate unplanned absences of personnel and ensure that adequate staff is available to provide services as required by the person-centered service plan, and
    - d. Meet the performance expectations of the Organization.
  - 2. The policy must define how the Organization will identify and address trends in personnel turnover.

## **212 Job Descriptions**

- A. The Organization shall develop and implement policies regarding written job descriptions. The policy must require that written job descriptions:
  - 1. Describe the duties, responsibilities, and qualifications of each position,
  - 2. Identify the skills and characteristics needed by personnel to achieve tasks required by the position,
  - 3. Identify the supervisor of the position and the positions to be supervised, and
  - 4. Are reviewed and updated as necessary.

## **213 Performance Evaluations**

- A. The Organization shall develop policies that provide for performance evaluations of all staff directly employed by the Organization. The policy must require that:
  - 1. The Organization conduct annual performance evaluations on each employee, and
  - 2. The employee and the person conducting the evaluation sign and date the evaluation form.

## **214 Volunteers**

- A. The Organization shall establish policies regarding persons other than employees, such as volunteers, who have regular, routine contact with persons. The policy must require that an agreement must be in place, which:
1. Describes the duties and the scope of responsibility of the individual
  2. Designates who will supervise the individual
  3. Specifies what orientation and training the organization will provide the individual,
  4. Describes how the Organization will assess the performance of the individual,
  5. Specifies that if the individual provides professional services, the standards or qualifications pertinent to comparable positions must be met,
  6. Stipulates that the Organization will obtain all background checks that are required of employees, if the person has unsupervised access to persons served, and
  7. Is signed by the volunteer, the person who will serve as their supervisor and a representative of the Organization, such as the Executive Director.

## **215 Discipline and Termination**

- A. The Organization shall establish policies that describe staff discipline, suspension and dismissal of staff. The policies must include opportunities for appeal. The policy must:
1. Contain steps with specific time frames,
  2. Require documentation, including the date, of each action taken during the process,
  3. Allow for an appeal process which affords an objective review of the issue, and
  4. Allow for review by the governing body, if the issue is unresolved.

## **300 STAFF TRAINING**

### **301 Staff Training Personnel**

- A. The Organization shall develop and implement policy that designates one or more staff positions responsible for coordinating staff training. The policy must require that:
  - 1. The employee responsible for training should have a broad knowledge of the care and service needs of the persons served by the program, and
  - 2. Possess the necessary skills to organize and implement a training program.

### **302 Training Plan**

- A. The Organization shall establish a written training plan, specific to each position, which:
  - 1. Explains how training will be provided, including the method used,
  - 2. Designates the specific training topics,
  - 3. Contains topics based on identified needs and are applicable to the position,
  - 4. Designates the time-frames for each topic,
  - 5. Requires additional training for staff as specified in Section 305 below,
  - 6. Is reviewed annually, with input from staff and revised as necessary, and
  - 7. Specifies that acceptable documentation of training must include the:
    - a. Topic,
    - b. Date, time and location,
    - c. Number of training hours credited,
    - d. Trainer's name and signature, and the
    - e. Staff person name, title and signature

### **303 Initial Training for All Staff**

- A. The Organization must require that all staff participate in at least 12 hours of initial training within the first 30 days of employment.
  - 1. Staff must complete the topics marked with an asterisk \* below prior to beginning direct service delivery. Initial training for all staff must include, at least:
    - a. An overview of the DDS Certification Standards for Home and Community Based Services and Supports and the annual review performed by DDS certification staff,
    - b. Philosophy, Goals, Programs, Policies, Procedures and Practices of the Organization
    - c. Health Information Portability and Protection Act (HIPAA) requirements
    - d. Confidentiality
    - e. Rights of persons served by the Organization,
    - f. Current issues affecting persons with disabilities
    - g. Appeals Procedure for Persons Served by the program
    - h. Infection Control and Universal Precautions\*
    - i. Emergency and Evacuation Procedures\*
    - j. Introduction to Principles of Normalization\*
    - k. Procedures for Reporting Incidents to DDS\*
    - l. Procedures for Reporting Adult and Child Maltreatment\*
    - m. Introduction to Behavior Management and Restrictive Interventions\*

- n. Community Integration\*
- o. Settings

### **304 Ongoing Training – All Staff**

- A. The Organization must require at least 12 hours of training annually, for all staff, to include:
  - 1. Current issues affecting persons with disabilities,
  - 2. Rights of persons served by the Organization,
  - 3. Appeals Procedure for Persons Served by the program
  - 4. Infection Control and Universal Precautions
  - 5. Emergency and Evacuation Procedures
  - 6. The Principles of Normalization
  - 7. Procedures for Reporting Incidents to DDS\*
  - 8. Procedures for Reporting Adult and Child Maltreatment
  - 9. Behavior Management and Restrictive Interventions, and
  - 10. CPR and First Aid, renewed according to the requirements of the training entity

### **305 Position Specific Training**

- A. The Organization must require that, in addition to the 12 hours specified in 303A, specified staff successfully complete certain training prior to their providing services or within timeframes specified as follows:
  - 1. Transportation staff must:
    - a. Complete an introductory defensive driving course
    - b. Complete a training course that includes the following topics:
      - i. Transfer techniques and individual assistance,
      - ii. Ensuring that all passengers have exited the vehicle,
      - iii. Emergency procedures, including vehicle evacuation,
      - iv. Managing and properly securing wheelchairs,
      - v. Operating and inspecting wheelchairs lifts and other assistive equipment, and
      - vi. Environmental considerations affecting passengers.
    - c. Complete a First Aid course within the first 30 days, and
    - d. Complete a CPR course within the first 30 days.
  - 2. Supervised living and respite staff must complete:
    - a. Training that details the specifics of the person-centered service plan for the person they serve, including:
      - i. How to implement service objectives,
      - ii. How and when to keep data, and
      - iii. How and when to write case notes.
    - b. Training that provides information related to the specific disability of the person they serve,
    - c. Training that provides information related to any medications taken by the person they serve, including possible side effects,
    - d. Training that provides information related to the person's Behavior Management plan, if applicable,
    - e. A First Aid course within the first 30 days,
    - f. A CPR course within the first 30 days, and

- g. Personal Care Aide Training, if they perform personal care activities as part of their supervised living or respite duties.
- 3. Supervised living staff supervisors must complete:
  - a. Training that details the specifics of the person-centered service plan for any person served by staff they supervise,
  - b. A Principles of Supervision course
  - c. A First Aid course within the first 30 days, and
  - d. A CPR course within the first 30 days.

## **400 RIGHTS**

### **401 Policy**

- A. The Organization shall develop and implement policies that promote the rights of the persons they serve and ensure that the Organization communicates all information regarding rights to the persons they serve in a manner that is clear and understandable.

### **402 Rights**

- A. At a minimum, the Organization shall guarantee that persons may exercise their right to:
1. Be free from physical or psychological abuse or neglect, retaliation, humiliation, and financial exploitation,
  2. Retain all legal and civil rights, when they have a legal guardian, except those which have been expressly limited by court order or have been specifically granted by order to the guardian by the court according to Ark. Code Ann. §28-65-106,
  3. Have control over their financial resources,
  4. Receive, purchase, have and use their personal property,
  5. Actively and meaningfully make decisions affecting their lives,
  6. Access pertinent information in sufficient time to facilitate their decision-making,
  7. Privacy,
  8. Associate and communicate publicly or privately with persons of their choice,
  9. Practice the religion of their choice,
  10. Be free from the use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of the provider, in conflict with a physician's order or as a substitute for treatment, except when a physical restraint is necessary for the health and safety of the person,
  11. Be free from the requirement to work without compensation, except when residing and receiving services outside of the home of a member of their family, and then only for the purposes of the upkeep of their living space, and common living areas and grounds.
  12. Be treated with dignity and respect,
  13. Be afforded due process,
  14. Have access to their own records, including information about how their funds are accessed and utilized, and what services the Organization billed on their behalf,
  15. Informed consent, refusal, or expression of choice regarding:
    - a. Service delivery,
    - b. Release of information,
    - c. Concurrent services, and
    - d. Composition of the service delivery team,
  16. Refuse participation in research projects,
  17. Access or referral to legal entities for appropriate representation,
  18. Access to self-help and advocacy support services,
  19. Adherence, on the part of the Organization, to research guidelines and ethics,
  20. Investigation and resolution of alleged infringement of rights,
  21. Appeal any decision made by the Organization regarding alleged infringement of rights, according to DDS Policy 1076,
  22. Rights and responsibilities of citizenship,

23. Decide who will be involved in planning and implementing their person-centered service plan, and
24. Other legal and constitutional rights.

#### **403 Residential Setting Rights**

- A. At a minimum, the Organization shall guarantee that persons in a residential setting may exercise their right to:
  1. Have a legally enforceable written agreement which has, at a minimum, the same responsibilities and protections that address eviction processes and appeals that tenants have under the landlord/tenant law of the State, county, city, or other designated entity,
  2. Have privacy in their sleeping unit,
  3. Have privacy in their living unit,
  4. Have healthy relationships of their choice and to find safe, satisfying ways of expressing their sexuality,
  5. Learn about and become comfortable with their sexuality,
  6. Identify their own personal and religious beliefs regarding sexual practices,
  7. Lock entrance doors to their residence, with only appropriate staff having keys to doors,
  8. Have a choice of roommates in that setting,
  9. Have a choice of a private room in that setting,
  10. Have the freedom to furnish and decorate their sleeping or living units within the restrictions or guidelines stated in the lease or other agreement,
  11. Have the freedom and support to control their own schedules and activities, and have access to food at any time,
  12. Environmental control - heat, air, vent, noise, odors, entertainment,
  13. Have visitors of their choosing at any time, and
  14. A setting that is physically accessible.

## **500 GENERAL POLICY**

### **501 Solicitation**

- A. The Organization shall develop and implement policies that prohibit solicitation of a person or of their family member in order to unduly influence them to transfer from one provider to another provider. The policy must stipulate that:
1. Solicitation is prohibited by all of the following:
    - a. The Organization or any person acting on behalf of the Organization,
    - b. Any staff member or any person acting on behalf of the Organization, and
    - c. Any individual who provides or has provided professional or direct care services for the Organization or any individual acting on their behalf.
  2. The following methods of solicitation are prohibited:
    - a. With the intent of soliciting consumers, hiring a person previously employed by or contracted with another certified provider who subsequently contacts consumers on their previous caseload with the previous provider with the intent of inducing the consumer to transfer to the current Organization
    - b. Offering cash or gift incentives to a person or their family or guardian to change providers,
    - c. Offering a person or their family or guardian free goods or services that are not available to other similarly situated individuals to induce the persons to change providers,
    - d. Refusing to provide a person access to entitlement services for which the individual is eligible if the individual or their family or guardian select another provider,
    - e. Making negative comments to persons who may potentially require the services of the Organization regarding the quality of services provided by another certified Organization, other than for the purpose of monitoring or official advocacy,
    - f. Promising to provide services in excess of those necessary in order to induce a person or their family or guardian to change programs,
    - g. Directly or indirectly giving a person or their family or guardian the false impression that the Organization is the only agency that can provide the services desired, and
    - h. Engaging in any activity that DDS determines was intended to be solicitation.

### **502 Marketing**

- A. The Organization shall develop and implement policies that define and distinguish marketing activities from solicitation. The policy must stipulate that:
1. Marketing is distinguishable from solicitation and is an allowable practice. Examples of allowable practices are:
    - a. General advertisement using traditional media,
    - b. Distribution of brochures and other informational materials which provide factual information regarding the services provided
    - c. Tours of the program,
    - d. Mentioning other services provided in which a person might be interested, and
    - e. Hosting informational gatherings during which the Organization describes the services in a factual manner.



### **503 Health and Safety Program**

- A. The Organization shall develop and implement policies that define and establish a health and safety program that manages risk and protects the health and safety of all persons associated with the program.

### **504 Rights of Persons with Communicable Diseases**

- A. The Organization shall develop and implement policies which define how the program will ensure the protection of the rights of individuals who have or who are perceived as having Acquired Immunodeficiency Syndrome (AIDS), Human Immune Virus (HIV) related conditions, Hepatitis B or who are identified as carriers of Hepatitis B. The policy must stipulate that:
  - 1. These same individuals shall not be discriminated against in accordance with 29 U.S.C. §§ 706 (8), 794 – 794(b); U.S.C. § 12101 et. seq,
  - 2. The Organization maintains all written or electronic records relating to persons with HIV, AIDS or Hepatitis B in a confidential manner.

### **505 Confidentiality and Accessibility**

- A. The Organization shall develop and implement policy that describes how the Organization may share information such as confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services. The policy must stipulate that information is shared according to confidentiality guidelines in:
  - 1. Any applicable regulatory requirement, and specifically
  - 2. The Health Insurance Portability and Accountability Act (HIPAA).
- B. The Organization shall develop and implement policy that describes how the Organization shall make all information regarding the Organization readily available to all persons, pursuant to the Freedom of Information Act.
- C. The Organization shall develop and implement policy that requires that all staff report to DDS any possible breaches of confidential information.

### **506 Reporting to Abuse Hotlines**

- A. The Organization shall develop and implement policy that requires reporting suspected, alleged or witnessed, adult or child abuse, maltreatment or exploitation to the Child Abuse or Adult Hotline. Reporting of allegations is not delayed pending outcome of internal investigation.

### **507 Internal Incident Reporting**

- A. The Organization shall develop and implement policy that requires that program staff report to a designated staff person certain incidents that occur within the program. The policy must:
  - 1. Include all incidents described in Section 800,
  - 2. Include any other incidents determined reportable by the program, and

3. Require notification to the guardian of all children age birth to 18 or adults who have a guardian, each time the Organization submits an incident report according to Section 800 or according to the Organization's Internal Incident Reporting policy.

B. The Organization shall develop and implement policy regarding follow-up of all incidents.

### **508 Infection Control**

- A. The Organization shall develop and implement policy that establishes an infection control plan that includes:
1. Requirements which address the prevention and control of infectious and communicable diseases,
  2. The appropriate use of universal precautions by all personnel,
  3. A requirement that employees with infectious diseases may not return to work until they have provided a physician's release to designated personnel, and
  4. Identification of unsafe environmental factors.

### **509 Emergency Preparedness**

- A. The Organization shall develop and implement policy that establishes how the Organization will respond to emergencies. The policy should address the following, at a minimum:
1. Emergency and disaster preparedness, such as,
    - a. Violence in the workplace, or any setting in which services are offered,
    - b. Tornado,
    - c. Fire,
    - d. Bomb threats,
    - e. Earthquakes
  2. Monthly drills for each type emergency, and
  3. Drills at different times of the day, and during sleeping hours, as applicable.
- B. The Organization shall develop and implement policy that requires that staff have immediate access to:
1. First Aid equipment and supplies,
  2. First Aid expertise, and
  3. Emergency information regarding any person.

### **510 Corporal Punishment**

- A. The organization shall develop and implement policy that prohibits the use of corporal punishment, defined as the application of painful stimuli to the body in an attempt to terminate behavior or as a penalty for behavior.

### **511 Notification of Change in Executive Director**

- A. The Organization shall develop and implement policies that require that the Organization provide DDS with written notification of a change in the director of the Organization immediately upon resignation, discharge, or death of the director.

### **512 Notification of Change in President of Governing Body**

- A. The Organization shall develop and implement policies that require that the Organization provide DDS with written notification of a change in the President of the governing body within 30 days of that change.

### **513 Service Interruption**

- A. The Organization shall develop and implement policies that require that the Organization report any 30 consecutive day interruption in the provision of services to a person. The policy must require that the report:
  - 1. Be directed to the DDS Specialist assigned the case of that person,
  - 2. Include the reasons for the interruption, and
  - 3. Include a plan for the remedial action the Organization will take to resume services, facilitate transition of the person to another provider, or any other action necessary to protect the health and safety of the person.

### **514 Destruction of Records**

- A. The Organization shall develop and implement policies that describe how the Organization will destroy records. The policy must:
  - 1. Comply with applicable state and federal regulations,
  - 2. Contain time frames for destruction, and
  - 3. Stipulate that the confidentiality of documents be maintained throughout the process.

### **515 Admission Criteria**

- A. The Organization shall develop and implement policies that specify the specific criteria which define persons eligible for acceptance into the program.

### **516 Death of Persons Served by the Organization**

- A. The Organization shall develop and implement policies that require that the Organization conduct a review of the circumstances up to and surrounding the death of a person who was receiving services at least two months prior to the time of their death. The policy must require, at a minimum:
  - 1. A review of the decedent's medical history, including:
    - a. Diagnoses
    - b. Medications and treatments,
    - c. Recent medical examinations, and

- d. Medical interventions at the time of death.
2. Timeframes for a timely completion of the review, and
3. A requirement for the use of a standardized format in which to record the results of the review.

#### **517 Positive Approach to Behavior Management**

- A. The Organization shall develop and implement policies that require a positive approach to programming and to management of behavior. The policy must:
  1. Require practices that nurture personal growth and dignity,
  2. Prohibit the use of punishment, or physically painful or emotionally frightening techniques to manage behavior;
  3. Require that the rights of persons are protected and respected in all situations.
  4. Identify what measures staff may take in the event of an emergency, including specification of what behaviors might necessitate:
    - a. the use of a personal restraint,
    - b. the support of law enforcement,
    - c. The support of professional emergency intervention, such as stabilization at an inpatient facility.

#### **518 Medication Administration**

- A. The Organization shall develop and implement policies that describe how staff will administer **or assist with the administration of medications**. The policy must:
  1. Describe the qualifications of who may administer medications,
  2. **Describe the qualification of who may assist with the administration of medications**,
  3. Specify which class of drugs may be administered by which staff,
  4. Require that PRN medications are used only with the consent of the person and according to approval from the prescribing health care professional.

#### **519 Case Management and Direct Service**

- A. The Organization shall develop and implement policies that require the following when the Organization provides both Case Management and any other direct service to a person. The policy must:
  1. Describe how the Organization will ensure that there will be no conflict between the roles **of Case Management and Direct Service**,
  2. Require that the Organization report to DDS any perceived or actual improprieties relative to the delivery of case management or direct services,
  3. Prohibit an individual from serving as both a Case Manager **and a Direct Care Staff** or Direct Care Supervisor for a person,
  4. Stipulate that case managers may not be related by blood or marriage to the person, to any of the person's paid caregivers, or to anyone financially responsible for or empowered to make financial or health-related decisions for the person, and
  5. Provide persons clear, easily accessible means for making complaints.

## **520 Smoking**

- A. The Organization shall develop and implement policies that specify requirements regarding smoking. The policy must :
1. Be in accordance with the Clean Air Indoor Act (Act 8 of 2008),
  2. Address requirements for staff as well as for persons, and
  3. Provide for adequate accommodations for persons served in a residential setting.

## **521 Rights of Persons for Whom Guardians have been Appointed**

- A. The Organization shall develop and implement policies that specify how the Organization will protect the rights of persons who have guardians or legal representatives. The policy must:
1. Recognize that guardianship is used only as is necessary to promote and protect the well-being of a person and their property,
  2. Recognize that guardianship is designed to encourage the development of maximum self-reliance and independence of the person, as required by Ark. Code Ann. §28-65-105,
  3. Recognize that guardianship does not limit all rights, only those specified,
  4. Include provisions designed to insure that persons for whom a guardian has been appointed are not presumed to be incompetent to make daily decisions,
  5. Include provisions designed to insure that those persons retain all legal and civil right except those which have been expressly limited by court order or have been specifically granted by order to the guardian by the court, as specified in Ark. Code Ann. §28-65-106, and
  6. Not discriminate on the basis of guardianship.

## **522 DDS Access**

- A. The Organization shall develop and implement a policy that stipulates the following:
1. DDS shall have access to the premises, staff, persons served by the organization, and their families, and all records at all times so that DDS may conduct Reviews, or Service Concern Investigations concerning compliance with Certification Standards.

## **600 COMPLAINTS & APPEALS**

### **601 Complaint Policy**

- A. The Organization shall develop and implement policies that identify how persons may formally express complaints to the Organization. The policy must establish:
1. That the Organization must make persons aware of their right to express formal complaints,
  2. That the action will not result in retaliation or barriers to services,
  3. How the Organization will make efforts to resolve the issue resulting in the complaint,
  4. Levels of review, which include access to an external review,
  5. Time frames adequate for prompt consideration and resolution,
  6. That the Organization will give written notification to the complainant regarding the actions to be taken by each party to address the complaint,
  7. The rights and responsibilities of each party,
  8. That the Organization will give to the complainant information regarding the availability of advocates or other assistance, and
  9. Take into account the physical, intellectual, behavioral and sensory barriers to safeguarding the rights of persons to make complaints.

### **602 Review**

- A. The Organization shall annually review all formal complaints. The review shall be summarized in writing and:
1. Address any trends identified as a result of the review, and
  2. Include an action plan designed to improve Organizational performance and reduce or facilitate timely resolution of complaints.
- B. The Organization shall annually review any action plan or changes made because of the annual review of formal complaints. The review shall be summarized in writing and:
1. Address whether any changes made were effective in reducing or resolving complaints, and
  2. Adjust the plan as deemed necessary to ensure quality services.

### **603 Appeal Policy**

- A. The Organization shall develop and implement policies that identify how persons may formally request an appeal of a decision made by the Organization as a result of their complaint.

### **604 Availability**

- A. The Organization must make its complaint and appeal policies and any applicable forms readily available to persons wishing to make a complaint or file an appeal. The policies must be available in a format that is understandable to the person and must comply with 29 U.S.C. §§ 706 (8), 794 – 794(b).

## **700 FINANCIAL INTERESTS**

### **701 Policy**

- A. The Organization shall develop and implement policies that describe how the Organization will protect the financial interests of persons. The policies must describe how the Organization will:
1. Ensure that the rights of the person are protected relative to their finances,
  2. Fulfill its role as a representative payee, when requested by the person to serve as such,
  3. Manage the funds of persons, when requested by the person to do so,
  4. Ensure acquisition of informed consent for expenditure of funds as follows:
    - a. Limiting or designating the amount of funds expended or invested in a specific instance,
    - b. Establishing time frames for expending or investing funds,
    - c. Designating responsibility for expending or investing funds, and
    - d. Providing evidence that funds were expended or invested in the manner authorized.
  5. Ensure that, at least quarterly, the Organization shall provide the person with an accounting of all expenditures and investments of their funds,
  6. Ensure that the person shall access records of their funds at any time,
  7. Segregate funds for accounting purposes,
  8. Implement safeguards to ensure that funds are used only as designated by the person, and
  9. Credit interest to each person's account.
- B. The Organization shall develop and implement policies that describe how the Organization will support the financial endeavors of persons. The policies must require that the Organization:
1. Ensures that persons receive any funds due them, from public and private support,
  2. Ensures that persons receive and spend their money in a fashion of their choosing,
  3. Provides functional training in performing cash, check, and electronic transactions,
  4. Employs individuals in compliance with Federal Wage and Hour regulations,
  5. Reimburses work done by persons for the organization on the basis of production or performance and at a level commensurate with that paid to other individuals who do not have disabilities who would otherwise perform that work, and
  6. Purchases marketable goods or reimburses services produced by persons in accordance with Department of Labor regulations.



## **800 INCIDENT REPORTING REQUIREMENTS**

### **801 Incident Reporting**

- A. The Organization shall report to the DDS Quality Assurance Unit incidents involving persons served by the program.

### **802 Reportable Incidents**

- A. The Organization shall submit reports no later than the end of the second business day following the occurrence of the following incidents involving persons served by the program:
1. Death
  2. The use of seclusion or restraint,
  3. Suspected maltreatment or abuse as defined in Ark. Code Ann. §§ 12-12-01 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5-28-109 (102),
  4. Any injury that:
    - a. Requires the attention of an Emergency Medical Technician, a paramedic, or physician,
    - b. May cause death,
    - c. May result in a substantial permanent impairment, or
    - d. Requires hospitalization.
  5. Suicide, threatened or attempted,
  6. Arrest or commission of any crime,
  7. Conviction of any crime,
  8. Any situation in which the location of a person has been unknown for two hours,
  9. Destruction of any significant property of others,
  10. A disturbance created by the person in which threatening or disruptive behavior of such a nature causes fear of imminent injury or destruction of property,
  11. Actions on the part of the person that are aggressive, disruptive or present a danger to the person or to others,
  12. Any event in which a staff threatens a person served by the program,
  13. Sentinel events, such as unexpected occurrences involving actual or risk of death or serious physical or psychological injury,
  14. Medication errors that cause or have the potential to cause serious injury or illness,
  15. Any rights violation that jeopardizes the health and safety or quality of life of a person served by the program.
- B. The Organization shall report to DDS by telephone within one hour of the occurrence of the following incidents:
1. An event that has received or is expected to receive media attention,
  2. Suicide,
  3. A death resulting from adult or child abuse, maltreatment or exploitation.



### **803 Reporting Time Frames and Methods**

- A. The Organization shall submit reports via e-mail using the Incident Report Form, DHS-1910 to the DDS QA Unit no later than the end of the second business day following the reportable incident.
- B. The Organization shall submit a written report within 24 hours of the incident as a follow-up to all incidents reported by telephone.
- C. The Organization shall submit any information requested on the Form DHS-1910 that is not available at the time of the initial report as soon as the additional information becomes available.

### **804 Reporting to Entities Other Than DDS**

- A. The Organization shall report incidents believed to be adult or child abuse to the appropriate abuse Hotline.

## **900 SIGNIFICANT ADMINISTRATIVE EVENT REPORTING REQUIREMENTS**

### **901 Significant Event Reporting**

- A. The Organization shall report to the DDS Quality Assurance Unit significant administrative events that occur within the Organization.

### **902 Reportable Events**

- A. The following events should be reported through an electronic medium within 30 days of their occurrence.
1. Permanent or interim change in leadership in the Organization.
  2. Change of controlling interest in the Organization's member, owners, partners, or shareholders that occurred since the date of the most recent DDS certification review.
  3. Physical move of a site where the Organization's administrative services are provided,
  4. Change in mailing or e-mail address,
  5. Actual or significant risk of financial deficits that may substantially impact the quality of services provided or the short- or long-term viability of the Organization.
  6. Impending or actual bankruptcy,
  7. Any transaction that combines the Organization with one or more legal entities,
  8. Any material litigation initiated by a third party concerning the appropriateness of acts by the Organization or its personnel, if those acts relate directly to conformance or nonconformance to applicable standards, or are of such breadth or scope that the Organization's entire operation may be affected.

# **1000 BEHAVIOR MANAGEMENT**

## **1001 Challenging Behavior Definition**

- A. Challenging behaviors are behaviors defined as problematic or maladaptive by others who observe the behavior or by the person displaying the behavior. They are actions that:
  - 1. Come into conflict with what is generally accepted in the person's community,
  - 2. Often isolate the person from their community, or
  - 3. Can be barriers to the person living or remaining in the community, and
  - 4. Vary in seriousness and intensity.

## **1002 Behavior Management Plan Development**

- A. The organization shall conduct a functional assessment to determine if a person who has been exhibiting challenging behaviors is in need of a behavior management plan.
- B. The organization shall ensure that all persons who are prescribed psychotropic medications for challenging behaviors associated with a specific diagnosis have a behavior management plan which is based on a functional assessment.
- C. The functional assessment should be designed to identify and address challenging behaviors in order to inform the development of a behavior management plan. The functional assessment should involve:
  - 1. Observing what is occurring before and after a behavior occurs in order to understand how the behavior is influenced by those events,
  - 2. Determining if the events that precede the behavior are likely to increase the likelihood that the behavior will occur,
  - 3. Determining if the events that occur after a behavior takes place results in a desirable outcome for the person.
- D. Positive Behavior Support Strategies must be an integral part of behavior management. The purpose of positive behavior supports is to "support individual growth, enhance the person's quality of life, and make the use of more intrusive measures unnecessary." Some positive behavior strategies include:
  - 1. Understanding how and what the person is communicating,
  - 2. Understanding the impact of what other persons are doing, their tone of voice, their words and actions,
  - 3. Supporting the person in communicating choices and wishes,
  - 4. Temporarily avoiding situations that are too difficult or uncomfortable for the person,
  - 5. Anticipating situations that will be difficult and assisting the person to respond in a calm way, and
  - 6. Modifying the environment to remove stressors.

### 1003 Behavior Management Plan

- A. A behavior management plan is “a structured system for monitoring uncomfortable and distressing symptoms and, through planned responses, reducing, modifying or eliminating those symptoms. It also includes plans for responses from others when a person’s symptoms have made it impossible for the person to continue to make decisions, take care of him or herself and keep him or her safe.” Specifically, the plan must:
1. Be designed so that the rights of the individual are protected,
  2. Preclude procedures that are punishing, physically painful, emotionally frightening, involve deprivation, or puts the person at medical risk,
  3. Identify the behavior to be decreased,
  4. Identify the behavior to be increased,
  5. Identify what things should be provided or avoided in the person’s environment on a daily basis to decrease the likelihood of the identified behavior,
  6. Identify the methods that staff should use to manage behavior, in order to ensure consistency from setting to setting and from person to person,
  7. Identify the event that likely occurs right before a behavior of concern,
  8. Identify what staff should do if the event occurs,
  9. Identify what staff should do if the behavior to be increased or decreased occurs,
- B. A behavior management plan should involve the fewest interventions possible. It should:
1. Couple the intervention with reinforcement for appropriate alternative behaviors that will change or eliminate the challenging behavior, and
  2. Should use only positive interventions.
- C. A behavior management plan should specify
1. The challenging behavior, if any, that would necessitate the use of a personal restraint,
    - a. Only those behaviors that threaten the health or safety of the person or others may justify the use of a personal restraint.
  2. The challenging behavior that would necessitate the support of law enforcement, and
  3. The challenging behavior that would require professional emergency intervention, such as stabilization at an inpatient mental health facility.
- D. The person for whom the plan is developed must be made aware of the plan as evidenced by their signature.

#### **1004 Qualifications of Persons Who May Develop a Behavior Management Plan**

- A. A behavior management plan should be written, implemented and supervised by a qualified professional, who, at a minimum, must be a Qualified Developmental Disabilities Professional as defined in 42 CFR §483.430, as follows:
1. At least one year of experience working directly with persons with intellectual or physical disabilities; and
  2. Is one of the following:
    - a. A doctor of medicine or osteopathy,
    - b. A registered nurse,
    - c. An individual who holds a bachelor's degree in a human services field including, but not limited to: sociology, special education, rehabilitation counseling, or psychology.

#### **1005 Data Collection and Review**

- A. The success of a behavior management plan is measured by reductions in challenging behaviors, performance of alternative behaviors and improvements in quality of life. The program should;
1. Develop a simple, efficient and manageable method of collecting data,
  2. Review the data regularly, at least quarterly, and
  3. Revise the plan as needed if the interventions do not achieve the desired results.

#### **1006 Medications as Behavior Management**

- A. Medications may not be used to modify behaviors not associated with a specific diagnosis or for the purpose of chemical restraint.

## **1100 MEDICATION MANAGEMENT**

### **1101 Medication Management Plan**

- A. The Organization providing direct services must develop and implement a Medication Management Plan for all persons receiving prescription medications. The plan must describe;
  - 1. How the program will ensure that direct service supervisors and direct service staff will, at all times, remain aware of the medications being used by the person,
  - 2. How the program will ensure that direct service supervisors and direct service staff will be made aware of the potential side effect effects of the medications being used by the person,
  - 3. How the program will ensure that the person will be made aware of the nature and the effect of the medication,
  - 4. How the program will ensure that the person gives their consent prior to the use of the medication, and
  - 5. How the administration of the medication will be performed in accordance with the Nurse Practice Act and the Consumer Directed Care Act.

### **1102 Medication Logs**

- A. The Organization providing direct services must ensure that staff maintain Medications Logs that document at least the following:
  - 1. Name and dosage of the medication given,
  - 2. Time the medication was given,
  - 3. Day and date the medication was given,
  - 4. Initials of the person administering or assisting with administration of the medication,
  - 5. Any side effects or adverse reactions, and any actions taken as a result, and
  - 6. Any errors in administering the medication.

### **1103 Medication Monitoring**

- A. The Organization providing direct services must ensure that a supervisory level staff documents oversight of the administration of medications at least monthly by reviewing medication logs to ensure that;
  - 1. The person consumed the medications accurately as prescribed,
  - 2. The medication is effectively addressing the reason for which it was prescribed, and
  - 3. Any side effects are noted and are being managed appropriately.

### **1104 Medication Errors**

- A. The Organization providing direct services must ensure that designated staff report to a supervisor and record medication errors as follows:
  - 1. Missed dose
  - 2. Wrong dose
  - 3. Wrong time of dose,
  - 4. Wrong route, and
  - 5. Wrong medication.

B. The Organization must ensure that designated staff record the following:

1. Any charting omission,
2. Loss of medication,
3. Unavailability of medications,
4. Falsification of records, and
5. Theft of medications.

#### **1105 PRN Medications**

A. Prescription PRN medications are appropriate in the use of treating specific symptoms of illnesses.

The Organization must keep data regarding:

1. How often the medication is used,
2. The circumstances in which the medication is used,
3. The symptom for which the medication was used, and
4. The effectiveness of the medication.

# 1200 RECORDS

## 1201 File Organization

- A. The Organization must maintain files that are complete and uniformly organized.
- B. At a minimum, the person's file must contain:
  - 1. A face sheet, completed when the person enters the program and updated at least annually, which contains the following information:
    - a. Full name,
    - b. Address, including the county,
    - c. Telephone number and email address, if applicable,
    - d. Marital status, if applicable,
    - e. Race and gender,
    - f. Birth date,
    - g. Social Security number,
    - h. Medicaid Number,
    - i. Legal status,
    - j. Guardian's name, address and relationship, if applicable,
    - k. Emergency contact person, including name, address, telephone number and relationship to the person; someone other than "j" above,
    - l. Health insurance benefits and policy number,
    - m. Primary language,
    - n. Admission date,
    - o. Primary and secondary diagnosis,
    - p. Physician's name, address and telephone number,
    - q. Current medications with dosage and frequency, if applicable, and
    - r. All known allergies.
  - 2. Documentation from DDS affirming the person's eligibility,
  - 3. The individual's Person-Centered Service Plan,
  - 4. The person's Behavior Management Plan, if applicable,
  - 5. The person's Medication Management Plan, if applicable,
  - 6. The annual functional assessment,
  - 7. Incident reports generated according to:
    - a. The Organization's internal reporting policy, and
    - b. Reporting requirements according to Section 800 of this document,
  - 8. Reports submitted to DDS according to Section 513 of this document regarding interruptions in service delivery,
  - 9. Documentation of the case manager's visits to the person, according to Section 2003.B of this document,
  - 10. A release which gives permission for family or others to participate in the development of the person-centered service plan, and is signed by the person and dated within the current year.
  - 11. The daily schedule for the person's direct service hours,
  - 12. A statement, signed by the person, dated within the current year, which acknowledges that the Organization has provided in writing, the following:
    - a. their Rules of Conduct and Mission Statement,



- b. Their policies regarding complaints and appeals,
  - c. The names of the members of the governing body,
  - d. Their funding sources,
  - e. Their solicitation policy,
  - f. A list of external advocacy services,
  - g. DDS Policy 1076, which provides the right to appeal any service decision to DDS, and
  - h. The name and telephone number of the:
    - i. DDS Specialist,
    - ii. Case Management provider, and the
    - iii. Licensure and Certification Unit representative
13. An access sheet which:
- a. Lists the names of persons authorized to access the file,
  - b. Lists the reasons each person may access the file,
  - c. States the reason the individual accessed the file, and
  - d. Is signed and dated by all who access the file, or
  - e. Is signed only once by each named, authorized person.

## **1202 File Access – Written or Electronic**

- A. The Organization must ensure that DDS staff shall have access upon demand to all individual case records, written or electronic, as designated in Ark. Code Ann. §§ 20-48-201 – 20-48-211 and DDS Policy 1091, Certification Policy for Non Center-Based Services.
- B. The Organization must limit access to individual files, written or electronic, to:
  - 1. Only those staff members who have a need to know information contained in the records,
  - 2. The person, and
  - 3. Other individuals for whom the person or the Organization has given written authorization.
- C. The Organization must ensure that direct care staff have access to the person's current person-centered service plan and other pertinent information necessary to ensure the person's health and safety, such as the name and telephone number of physicians, emergency contact information, and insurance information.

## **1203 File Content Confidentiality**

- A. The Organization must ensure the confidentiality of the contents of each individual file in accordance with all applicable state or federal laws, such as **5 U.S.C. § 552a and the Privacy Act.**
- B. The Organization must comply with HIPAA regulations regarding requirements for authorization to disclose certain information.

## **1204 Electronic Records**

- A. The Organization may develop and utilize electronic records. Electronic records must be easily accessible and meet any and all standards pertaining to written records.

## **1205 File Location**

- A. The Organization shall maintain files at a centralized location.
- B. An Organization with multiple service sites may establish a centralized location for files at each site.
- C. Files must be easily accessible and stored under lock with protection against fire, water, and other hazards.

## **1206 Record Retention**

- A. The Organization shall retain all records for six years from the date of service.
- B. The Organization shall retain any records that are part of an audit, appeal, investigation, or court case until those issues are resolved.

## **1300 PLANS**

### **1301 Responsible Entity**

- A. The Organization who is providing case management services shall insure that each person shall have a written, person-centered service plan. The Organization shall ensure that the plan is:
1. Written and implemented according to requirements set forth below:
  2. Developed through a person-centered planning process which is driven by the person,
  3. Written and implemented in such a way as to ensure the health and safety of the person,
  4. Individualized and based on the assessed strengths, needs and desires of the person, and
  5. Reviewed annually, using the process described in 1302, 1304 and 1305, and revised as appropriate.

### **1302 Functional Assessment and Evaluation**

- A. No more than 30 days prior to the development of the person-centered service plan, the case manager must secure a functional assessment and any evaluations specific to the needs of the person. Such evaluations may include, but are not limited to:
1. Physical,
  2. Speech,
  3. Occupational,
  4. Recreational,
  5. Psychiatric,
  6. Employment,
  7. Medical, and
  8. Educational.
- B. The case manager must ensure that:
1. Licensed or certified persons conduct assessments as appropriate, and
  2. Persons who are familiar with the person conduct assessments which do not require licensed or certified assessors.
- C. The case manager must ensure that the functional assessment is comprehensive and appropriate according to the age of the person.

### **1303 Person-Centered Plan Development Meeting Participants**

- A. The case manager shall schedule person-centered service plan development meetings at a time and place that is acceptable to the person.
- B. The case management Organization shall ensure that the following participants are present at the person-centered service plan meeting:
1. The case manager,
  2. The person,
  3. Any other person invited by the person, and
  4. A representative from the direct service provider

- C. The case manager may include the following persons in the person-centered service plan development meetings if the person does not object:
  - 1. Professionals who might assist with generic resources,
  - 2. Professionals who conducted assessments or evaluations,
  - 3. DDS staff, and
  - 4. Friends and persons who support the person.
- D. The case manager shall ensure that, if the person objects to the presence of any person, that person may not attend the meeting.

#### **1304 Person-Centered Plan Development Meeting Process**

- A. The case manager must assure that the team addresses certain issues during the person-centered plan development meeting and that the issues are incorporated in the person-centered service plan as necessary. The team must address and document the person's:
  - 1. Strengths and clinical and support needs,
  - 2. Abilities and preferences,
  - 3. Cultural background,
  - 4. Barriers,
  - 5. Least restrictive or most appropriate environment in which to live and work, and
  - 6. Desired goals and outcomes.
- B. The case manager must provide necessary information and support to the person to ensure that they direct the process to the maximum extent possible.
- C. The case manager must ensure that the team addresses health and behavioral risks as well as, risks to personal safety, either real or perceived and known or potential. The team must address and document:
  - 1. Each identified risk and mitigation strategies which are designed to respect the needs and preferences of the person,
  - 2. Who will be responsible for the ongoing monitoring of risk and risk management strategies,
  - 3. How the monitoring will occur,
  - 4. How key staff will be trained regarding the risks,
  - 5. How the team will analyze, at least quarterly, the effectiveness of the strategies,
  - 6. How the person negotiates the trade-offs between the choices they make as they exercise their right to choice and the risks to their safety that may result.
- D. The case manager must ensure that the person is informed of and exercises their rights to make choices about each aspect of the services and supports that are available to them.
- E. The case manager must ensure that each member of the team is aware that they are responsible for supporting and encouraging the person to express their wants and desires and to then incorporate those into the plan.

- F. The case manager must ensure that the plan is developed so that the person may receive services while remaining as much as possible in contact with persons who do not have disabilities, may engage in community life and may control their personal resources.
- G. The case manager must ensure that the plan is developed so that the person may receive services and supports in a manner and setting that is appropriate to their age, abilities and life goals, and includes persons who are important in supporting that person and who may provide unpaid supports to them.
- H. The case manager must ensure that the team discussion is held in a manner that is understandable to the person and that the person understands their role in achieving their plan goals.
- I. The case manager has responsibility for facilitating the meeting and establishing how the meeting will be conducted. The case manager must:
  - 1. Set clear guidelines regarding the timeframes for the meeting,
  - 2. Set the tone of the meeting by conducting themselves in a professional and impartial manner,
  - 3. Set guidelines for reaching agreement, such as voting to reach a majority or to reach a consensus,
  - 4. Ask each participant to declare any potential conflict of interest they may have,
  - 5. Conduct the meeting in a manner so as to reflect what is important to the person to ensure delivery of service in a way that reflects the personal preferences of the person while ensuring their health and welfare,
  - 6. Be sensitive to how the person reacts to the presence of others and mitigate the situation if they appear to:
    - a. Be anxious about repercussions about voicing problems, or
    - b. Have a tendency to defer to a service provider, and
  - 7. Inform each participant how they may make complaints or express concerns to DDS.
- J. The case manager must, if any member of the team declares a possible conflict of interest, secure the agreement of all team members to waive the conflict or to ask the member to excuse themselves if the team does not agree to waive the conflict.

### **1305 Time Frames**

- A. The case manager must, within five business days of the person-centered planning meeting, commit the plan to writing, utilizing a system mandated by the State.
- B. The case manager must ensure that the person-centered service plan is finalized and agreed to, with the informed consent of the person in writing, and signed, either electronically or manually, by all individuals and all providers responsible for its implementation.
- C. The case manager must ensure that the plan is distributed to the person and other people involved in the plan.

## **1306 Person-Centered Service Plan Components**

- A. The Person-centered service plan must contain goals and objectives which:
  - 1. Reflect the person's choice of services and supports,
  - 2. Reflect the person's choice of providers,
  - 3. Were identified as areas of need in the person's functional assessment,
  - 4. Are relevant and appropriate to the person's age, abilities, and life goals,
  - 5. Respect the rights and dignity of the person,
  - 6. Reflect and incorporate the culture and values of the person,
  - 7. Ensures that the person maintains the highest degree possible of integration into the community, its services and resources,
  - 8. Includes individually identified goals and preferences related to, at least,
    - a. Relationships,
    - b. Community participation,
    - c. Opportunities and efforts to seek employment and employment services,
    - d. Income and savings,
    - e. Healthcare and wellness, and
    - f. Education, and
  - 9. Uses plain language, understandable to the person.
- B. The Person-centered service plan must contain three to five year long-range goals which are reflective of the annual goals of the person.
- C. The Person-centered service plan must contain measurable annual goals that are distinguished as measurable short-term objectives which may be accomplished in a three to six month time-frame. The objectives must describe sequential steps that lead to the annual goals and must have:
  - 1. Written criteria for success that stipulates what the person must do to complete the objective,
  - 2. A written description of the methods, materials and procedures to be used for implementation,
  - 3. A designation, including the name and title, of the person or persons responsible for implementation, and
  - 4. An initiation date, a target completion date, and documentation of the actual completion date.
- D. The Person-centered service plan must contain a daily schedule of direct service provision hours.
- E. The Person-centered service plan must contain a backup plan to address emergencies such as the failure of a support worker to appear when scheduled. The backup plan must:
  - 1. Contain complete descriptions of the contingency arrangements,
  - 2. Specify the type of contingency arrangements that are employed, and
  - 3. Address the specific needs and circumstances of the person.

## **1307 Data Collection**

- A. The case management organization and the direct service provider organization must ensure that direct service workers document implementation of the person-centered service plan by keeping data which measures and records the progress the person has made on each short term objective. The implementer must, after conducting an activity or exercise related to a specific measurable objective, document, at a minimum:

1. The specific activity undertaken,
2. The date and beginning and ending time the activity occurred,
3. Whether the person met the criteria for success,
4. The relationship of the activity to the specific person-centered service plan goal and objective, and
5. The name and title of the person initiating the activity.

### **1308 Case Notes**

- A. The case management organization and the direct service provider organization must ensure that direct service workers document their implementation of the person-centered service plan as well as the status of the person by maintaining case notes. Direct service workers should document, at the end of their service day with the person, at least:
  1. A general description of how the person appears, relative to health and demeanor,
  2. A description of any significant events that might affect the person, such as an upsetting or emotional visit from an acquaintance, news about illness of a friend or relative, etc., and
  3. Comments regarding the person's status relative to goals and objectives, if the person and the implementer worked on goals that day.
- B. The case note must be signed and dated by the author of the note.

### **1309 Person-Centered Service Plan Review**

- A. The case manager must assure that the plan is reviewed and revised as necessary at least:
  1. Quarterly,
  2. Every 12 months,
  3. Each time the persons circumstances or needs change significantly, and
  4. At the request of the person.
- B. Every 90 days of service delivery, the case management provider, along with the direct service provider, must conduct a review and analysis of the person's progress in accomplishing the goals and objectives contained in the person-centered service plan. In order to adequately review progress, the providers should review and consider, at a minimum, the:
  1. Case notes,
  2. Data collection, and
  3. Verbal or written comments from the plan implementers and the person.
- C. The case manager, along with the direct service provider, must produce a quarterly report which reflects the review and analysis of the person's progress. The report must include, at a minimum, a description of the goals and objectives which:
  1. Have been accomplished,
  2. Should be continued,
  3. Should be changed or discontinued, and
  4. Will be initiated during the upcoming 90 days of service.
- D. The case manager must sign and date the report.



- E. The case manager must provide the report to the person-centered service plan team, including the person for whom the plan is being developed, and convene the team, if the review indicates the need to make any changes to the person-centered plan.
- F. The case manager must afford the person an opportunity to comment on their services and any plans or recommendations for changes to the plan.

### **1310 Annual Person-Centered Service Plan Review**

- A. Annually, the case manager and the direct service provider must conduct a review and analysis of the person's progress in accomplishing the goals and objectives contained in the person-centered service plan and develop a new plan. In order to adequately review progress, the case manager and the direct service provider should review and consider, at a minimum, the:
  - 1. Quarterly progress reports,
  - 2. A functional assessment, current within 30 days, and
  - 3. Verbal or written comments from the plan implementers and the person.
- B. The case manager must re-convene the team and initiate the process described in 1305 through 1308.

### **1311 Prescriptions**

- A. On an annual basis, the case manager shall secure a medical prescription for services for each person.

## **1400 CHANGE IN PROVIDER**

### **1401 Change in Direct Service or Case Management Provider**

- A. When a person decides to change providers, both the current and the prospective provider have responsibility to effect a smooth and timely transition.
- B. When a person makes a change request to their direct service provider, that provider must contact the current case management provider within 24-hours of that request.
- C. The case management provider must notify DDS within 2 working days after they receive a request for a change in case management or direct service provider from either the person or from a direct service provider.

### **1402 Current Case Management Provider Responsibilities**

- A. The Case Manager representing the current Case Management provider must contact the person's existing direct service providers, and the prospective case management and direct service providers, as appropriate, and schedule a meeting within seven working days from the day they receive notice that a person has chosen a new case management or direct service provider. The Case Manager must invite:
  - 1. The prospective Case Manager, if the person is changing case management providers,
  - 2. The current and prospective direct service provider representative, as appropriate, and
  - 3. The person.
- B. The Case Manager representing the current Case Management provider must attend the transition meeting and provide any information requested by the prospective provider, to include at least the following, the:
  - 1. Current person-centered service plan,
  - 2. Current behavior management plan,
  - 3. Staffing needs,
  - 4. Current functional assessment,
  - 5. Daily schedule, including attendance at a Developmental Day Treatment Center,
  - 6. List of current medications and diagnoses,
  - 7. Case notes for the most recent 3 months, and
  - 8. Incident reports for the most recent 3 months.
- C. The current Case Management provider shall retain responsibility for case management services until the transition is complete.

### **1403 Prospective Case Management Provider Responsibilities**

- A. The Case Manager representing the prospective Case Management provider must attend the transition meeting.
- B. The prospective Case Management entity must provide, within 14 working days of the meeting, a written notice of their decision to serve or not to serve to the following persons:

1. The person,
  2. The current Case Manager,
  3. The current Direct Service provider, and
  4. The DDS staff person assigned to the person.
- C. If the prospective Case Management entity elects to serve the person, the Case Manager must ensure that services are arranged and the transition take place within 45 days of the transition meeting described in 1402 A above.
- D. If the prospective Case Manager elects not to serve the person, they must include in their notice the following:
1. A full and complete explanation of the factors that led to their determination that they could not serve the person,
  2. If housing or staffing were factors, the explanation must describe efforts to locate and secure acceptable housing or staff, and
  3. If behavior or health issues were factors, the explanation must include specific details as to why the provider cannot meet the needs of the person.

#### **1404 Current Direct Service Provider Responsibilities**

- A. The current Direct Service provider shall retain responsibility for direct services until the transition is complete.
- B. The current Direct Service provider shall provide any and all documents requested by the current Case Management provider, according to the time frames specified in the request.

#### **1405 Prospective Direct Service Provider Responsibilities**

- A. The representative of the prospective Direct Service provider must attend the transition meeting.
- B. The prospective Direct Service entity must provide, within 14 working days of the meeting, a written notice of their decision to serve or not to serve to the following persons:
1. The person,
  2. The current Case Manager,
  3. The current Direct Service provider, and
  4. The DDS staff person responsible for coordinating services to the person.
- C. If the prospective Direct Service entity elects to serve the person, they must ensure that services are arranged and the transition take place within 45 days of the transition meeting described in 1402 A above.
- D. If the prospective Direct Service entity elects not to serve the person, they must include in their notice the following:
1. A full and complete explanation of the factors that led to their determination that they could not serve the person,
  2. If housing or staffing were factors, the explanation must describe efforts to locate and secure acceptable housing or staff, and

3. If behavior or health issues were factors, the explanation must include specific details as to why the provider cannot meet the needs of the person.

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# **1500 SERVICES TO PERSONS NEWLY ACCESSING HCBS**

## **1501 Information Gathering and Initial Planning Meeting**

- A. Upon receipt of notice from DDS that a person newly accessing services has chosen them, the Case Management organization has the responsibility to effect a smooth and timely initiation of services.
  - 1. The Case Manager must gather all relevant materials pertaining to the person in order to make an informed decision as to whether and when they can provide services to the person.
- B. The Case Manager must schedule a planning meeting, within seven working days from the date they receive notice that a person has chosen them. The Case Manager must invite:
  - 1. The prospective direct service provider, if one has been chosen,
  - 2. The person and
  - 3. Any other persons the person wishes.
- C. During the planning meeting, the team should discuss at least the following:
  - 1. What type of services the persons needs and expects,
  - 2. Where the person would like to live,
  - 3. What level of staffing the person needs and wants, and
  - 4. Health needs.
- D. Based on the information gathered at the meeting, the Case Manager must provide a written notice of their decision to serve or not to serve, within 14 working days of the date of the meeting, to all persons who attended the planning meeting.

## **1600 TERMINATION OF SERVICES**

### **1601 Provider Responsibilities During Termination of Services**

- A. Case Management and Direct Service Providers may determine that they can no longer provide services to a person. The Provider must provide a written notice to the person, any other provider of DDS funded services, and to DDS informing them of their intent to cease the provision of services. The notice must include:
1. A full and complete explanation of the factors that led to the determination that they could no longer serve the person,
  2. A full and complete explanation of the steps taken to address the factors prior to determining that the program could no longer serve the person,
  3. A description of efforts taken to locate and secure acceptable housing or staff, if housing or staffing were factors, and
  4. A date by which they propose to stop the provision of services.
- B. Case Management and Direct Service Providers who determine that they can no longer provide services to a person must continue to provide services until the transition to another provider has been effected or alternative services such as respite or institutional placement have been secured.

## **1700 ACCREDITED ORGANIZATIONS**

### **1701 Accreditation**

- A. Organizations may, at their discretion, pursue accreditation from national accrediting organizations. DDS will acknowledge this accreditation by assigning a “Deemed Status” to the certification of that Organization.

### **1702 Required Communications with DDS**

- A. Organizations that have or desire a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization must, in order to achieve or maintain that status, notify DDS Certification and Licensure Unit within 14 days of the Organization’s receipt of notice of a pending survey by the national accrediting body, including anticipated dates of entrance and exit conferences.
- B. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization must, in order to maintain that status, notify DDS Certification and Licensure Unit immediately after receipt of notification of a change in their accreditation status, including without limitation expirations, discontinuance, downgrade, or any change in the status of the Organization’s accreditation by the national accrediting body.
- C. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization must, in order to maintain that certification, will provide to the DDS Certification and Licensure Unit complete copies of all accreditation reports, quality improvement plans, and accreditation certificates.

### **1703 Access by DDS**

- A. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that DDS staff have access to the premises, staff, persons served and their families, and all records of the Organization at all times for the purposes of conducting reviews, and investigating complaints of specific incidents, including the performance of activities related to such reviews and investigations.
- B. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that DDS staff may participate in the entrance and exit conference during any survey conducted of the organization by the national accrediting body.

### **1704 DDS Contact with Accrediting Organizations**

- A. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that DDS will report to the national accrediting body any findings of such reviews and investigations that result in enforcement actions as defined in DDS Policy 1091.

- B. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that DDS may contact the national accrediting body to request or deliver pertinent information as necessary.

#### **1705 DDS Certification of Accredited Organizations**

- A. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that DDS will annually conduct a Full Review in accordance with DDS Certification Standards for Home and Community Based Services and Supports.
- B. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that they will be held responsible for meeting state certification requirements specified in the DDS Certification Standards for Home and Community Based Services and Supports and DDS Certifications Policy as well as other state and federal regulations applicable to the organization.
- C. Organizations that have a “Deemed Status” certification by DDS based on accreditation from a National Accrediting Organization acknowledge that programs and services deemed for certification must correspond to the programs and services described in the DDS Certification Standards for Home and Community Based Services and Supports and that services provided but not accredited by the National Accrediting Organization will not be given deemed status by DDS.

#### **1706 DDS Withdrawal of Deemed Status**

- A. DDS may withdraw Deemed Status under the following circumstances:
  - 1. When complaints concerning substantial noncompliance with a health or safety standard is founded,
  - 2. When a review, investigation or survey finds instances of substantial noncompliance with DDS certification requirements, or
  - 3. When the Organization’s national accreditation status has expired, is downgraded, or withdrawn by the national accrediting body.



# 1800 STAFF QUALIFICATIONS

## 1801 Qualifications for Specified Positions

- A. The Organization must ensure that Case Managers meet the following minimum requirements:
1. Case managers must:
    - a. Hold a Bachelor's degree in a human services field, or
    - b. Have at least two years college credit and two years' experience working with persons with developmental disabilities, or
    - c. Have two years of verified experience working with persons with a developmental disability and have been mentored by a case manager for two additional years or
    - d. Have four years of experience as a case manager in a related field.
  2. Case managers must:
    - a. Not be disqualified from employment due to a criminal record according to Ark. Code Ann. §20-38-101 et seq., and
    - b. Not be listed on either the adult or child maltreatment registry, and
    - c. Have satisfactorily completed a drug screen in accordance with the Organization's policies.
- B. The organization must ensure that Attendant Care staff, Supportive Living Direct Care staff and Respite staff meet the following minimum requirements:
1. Staff must:
    - a. Have a high school diploma, or GED, or
    - b. At least one year of relevant supervised work experience with a public health, human services or other community service agency, or
    - c. Have two years of verifiable successful history working with persons with developmental disabilities.
  2. Staff must demonstrate the ability to:
    - a. Understand written person-centered service plans, follow instructions, and document services delivered,
    - b. Communicate effectively,
    - c. Perform CPR and administer first aid,
    - d. Access emergency service systems, and
    - e. Access transportation services as appropriate.
  3. Staff must:
    - a. Not be disqualified from employment due to a criminal record according to Ark. Code Ann. §20-38-101 et seq., and
    - b. Not be listed on either the adult or child maltreatment registry, and
    - c. Have satisfactorily completed a drug screen in accordance with the Organization's policies.
- C. The Organization must ensure that Attendant Care staff, Supportive Living Direct Care staff and Respite staff who also perform personal care tasks as part of their regular duties also be **certified as a personal care aide**.
- D. The organization must ensure that Supportive Living Supervisors meet the following minimum requirements:
1. Supportive Living Supervisors must:

- a. Hold a Bachelor's degree in a human services field, or
    - b. Have at least one year college credit and one year experience working with persons with developmental disabilities, or
    - c. Have four years of experience as a supervisor in a related field.
  - 2. Supportive Living Supervisors must:
    - a. Not be disqualified from employment due to a criminal record according to Ark. Code Ann. §20-38-101 et seq., and
    - b. Not be listed on either the adult or child maltreatment registry, and
    - c. Have satisfactorily completed a drug screen in accordance with the Organization's policies.
- E. The Organization must ensure that transportation staff meet the following minimum requirements:
- 1. Transportation staff must:
    - a. Hold a current and valid Arkansas driver's license or a Commercial Driver's License (CDL), as appropriate.
    - b. Be free from any medical or physical condition that cannot be corrected and will interfere with safe driving, passenger assistance, emergency treatment or will jeopardize the health and welfare of a person being transported or of the general public.
    - c. Demonstrate the ability to perform CPR and perform first aid.
  - 2. Transportation staff must:
    - a. Not be disqualified from employment due to a criminal record according to Ark. Code Ann. §20-38-101 et seq., and
    - b. Not be listed on either the adult or child maltreatment registry, and
    - c. Have satisfactorily completed a drug screen in accordance with the Organization's policies.

# **1900 PHYSICAL PLANT**

## **1901 Policy**

- A. Organizations providing residential services as part of any other HCBS service must develop and implement policies that stipulate the following requirements for any physical plant owned, rented, leased, operated or under the control of the Organization.

## **1902 Accessibility**

- A. The Organization shall ensure architectural accessibility for all persons.
  - 1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to be accessible and meet the needs of the persons who reside there..
- B. The Organization shall comply with 29 U.S.C. §§ 706 (8), 794 – 794(b) “Disability Rights of 1964” and U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990”

## **1903 Structure**

- A. All water, food service, and sewage disposal systems must have the approval of local, state, and federal regulatory agencies, as applicable.
- B. All wells and septic tanks must have the approval of the Arkansas Department of Health and meet local regulations, as applicable.
- C. Floor furnaces, gas heaters, electric heaters, hot radiators, and exposed water heaters must be protected by screens or guards that are without sharp corners and are attached to floor or wall.
- D. Gas heaters must be enclosed, properly vented to the outside, and installed with a cut-off valve in the rigid part of the gas supply pipe.
- E. Restroom facilities used by persons must provide for personal privacy and be of an appropriate size and accessibility for the persons who reside in or are served in the structure.
- F. The Organization is responsible for compliance with all applicable building codes, ordinances, rules, statutes and regulations that are required by city, county, state, or federal jurisdictions.
  - 1. Where such codes are not in effect, it is the responsibility of the Organization to consult national building codes generally used in the area for the building type being used or constructed.

## **1904 Environment**

- A. The temperature must be maintained within a normal comfort range for the climate and for the persons who reside in or are served in the structure.
  - 1. The standard for range of comfort is from 65 to 80 degrees F.°
- B. All areas of the facility must be lighted in accordance with the usage of the area.

- C. The interior and exterior of the building must be maintained in a sanitary and repaired condition.
- D. The premises must be free of offensive odors.
- E. The facility must be free of insects and rodents.
  - 1. Pest control must be administered by appropriately licensed personnel.

#### **1905 Smoking**

- A. The Organization shall ensure that all persons residing in the setting are afforded an opportunity to smoke at any time they wish, but may designate acceptable smoking areas.
- B. The Organization shall ensure that all persons residing in the setting are familiar with the policy adopted by the Organization according to Section 520.

#### **1906 Safety**

- A. The Organization shall ensure that all materials and equipment and supplies are stored and maintained in a safe condition.
  - 1. Cleaning fluids and detergents must be stored in original containers with labels describing the contents.
- B. The Organization shall ensure that all persons residing in the setting are provided training regarding the emergency procedures established according to the policy required in Section 509.
- C. The Organization shall ensure that there is a working emergency alarm system.
- D. Smoke detectors, heat sensors, and carbon monoxide detectors (if natural gas is used) must be present in all buildings where services are provided and in all residential settings.
  - 1. The devices should be placed according to the Fire Marshall's requirements,
  - 2. Should meet all Life Safety Code requirements, and
  - 3. Must be tested at least quarterly or as recommended by the manufacturer or the monitoring entity.
  - 4. If a sprinkler system is present, smoke detectors and heat sensors are not required.
- E. The Organization shall ensure that there are working fire extinguishers.
  - 1. Fire extinguishers must be checked at least annually, and
  - 2. Disposable fire extinguishers must have clearly displayed expiration dates.
- F. The Organization shall ensure that there is emergency lighting such as flashlights or other battery operated lights.
  - 1. The lighting must meet Life Safety Codes or Fire Marshall requirements, as applicable,
  - 2. The lighting must be readily accessible to the persons residing in the setting.
- G. The Organization shall ensure that a First Aid kit and a current First Aid manual are on-site and readily accessible.

- H. The Organization shall ensure that antidote charts and Poison Control telephone numbers are readily accessible.

## **1907 Rights**

- A. The Organization shall ensure that at least, the rights stated in Section 402 are afforded all persons residing in the setting:

## **1908 Living and Dining Area**

- A. The Organization shall ensure that the living and dining areas are furnished in a way that ensures individual comfort, independence and supports individual preferences.
1. The furnishings should be similar and comparable to those that would be found in the homes of persons who are not receiving HCBS services.

## **1909 Kitchen**

- A. The Organization shall ensure that the kitchen has equipment, utensils, and supplies to properly store, prepare, and serve three meals a day.
1. The kitchen furnishings should be similar and comparable to those that would be found in the homes of persons who are not receiving HCBS services.

## **1910 Bedroom**

- A. The Organization shall ensure that bedrooms are arranged so that privacy is assured for persons.
- B. The Organization shall ensure that sole access to a bedroom is not through a bathroom or other bedrooms.
- C. The Organization shall ensure that bedroom doors do not have vision panels.
- D. The Organization shall ensure that when bedrooms are shared by one or more persons, each person will be provided designated space for privacy and their individual interests.
- E. The Organization shall ensure that each person has their own bed which:
1. Is of suitable dimension
  2. Has a clean, adequate, comfortable mattress
  3. Has a waterproof mattress or bedding only if necessary and documented in their person-centered service plan,
  4. Has comfortable bedding, including a pillow, pillowcase, sheets, blankets and spread that are appropriate to the season and individual's personal preferences, and
  5. Has bed linens which are replaced with clean linens at least weekly.
- F. The Organization shall ensure that each bedroom includes shelf space, a storage unit for clothing and other personal items, a desk or table, a chair, and a mirror for each person and should be similar and comparable to those that would be found in the homes of persons who are not receiving HCBS services.

- G. The Organization shall ensure that there is an enclosed closet space adequate for the belongings of each person.
- H. The Organization shall ensure that there is at least 80 square feet of usable space per person in multi-sleeping rooms and at least 100 square feet of usable space in single rooms.

#### **1911 Bathrooms**

- A. The Organization shall ensure that sole access is not through another person's bedroom.
- B. The Organization shall ensure that there is a minimum of one bathroom with a toilet, sink and bathtub or shower for every four persons.
- C. The Organization shall ensure that bathrooms are well ventilated by natural or mechanical methods.
- D. The Organization shall ensure that bathrooms provide for individual privacy.
- E. The Organization shall ensure that all bathroom fixtures are designed and installed in an accessible manner.

## 2000 SERVICES

### 2001 Attendant Services and Supports

- A. Attendant services and supports is an array of services designed to support persons as they accomplish basic and instrumental tasks of daily living and health related tasks.
- B. Attendant staff offer services based on the assessed need of the person. The degree of assistance ranges from observation, verbal prompting, hands-on, or completion of the task for the person. Specific activities include:
  - 1. Assistance with activities of daily living (ADLs) such as:
    - a. Eating
    - b. Bathing
    - c. Personal Hygiene –grooming, shampooing, shaving, skin care, oral care, etc.
    - d. Dressing – clothes, underwear, prostheses and orthotics
    - e. Mobility or ambulating, including mastering the use of adaptive aids and equipment
    - f. Toileting and transferring
  - 2. Assistance with instrumental activities of daily living (IADLs) such as:
    - a. Meal Planning and preparation
    - b. Laundry
    - c. Managing finances
    - d. Communication
    - e. Shopping and errands
    - f. Traveling and participation in the community
    - g. Light housekeeping
    - h. Chore services consisting of general tasks such as meal preparation, routine household care and laundry
    - i. Assistance with medications to the extent permitted by Nurse Practice Act
- C. Attendant care services may be provided in settings such as the person's home, another person's home, or in the community. The services may not be provided in a classroom or classroom-like setting.
- D. The following conditions apply to this service:
  - 1. The services must be based on an assessed need and be included in a person-centered plan.
- E. The following exclusions or restrictions apply to this service:
  - 1. This service does not include nursing care that would be ordinarily be provided by a Licensed Practical Nurse or a Registered Nurse.
  - 2. Time spent performing chore services may not exceed 20% of the total service time and must be incidental to other attendant services.
- F. The provider Organization must maintain the following information in the record of the person:
  - 1. Each episode of service delivery, including the,
    - a. Date and time of service,
    - b. Service tasks performed,

- c. Location at which the service was performed,
- d. Name of the staff person providing the service,
- e. Beginning and ending times the service was provided, and
- f. Provider staff's written or electronic signature

## **2002 Supportive Living**

- A. Supportive Living is an array of services and activities designed to support persons in the acquisition, retention or improvement of skills that directly affect their ability to live in the community as independently as possible.
- B. Supportive Living staff offer assistance based on the assessed need of the person. The degree of assistance ranges from observation, verbal prompting, hands-on, or completion of the task for the person. The service and support must be designed to teach a person a skill, or to support them in retaining or improving an existing skill. Specific services and supports include:
  - 1. Assistance with activities of daily living (ADLs) such as:
    - a. Eating
    - b. Bathing
    - c. Personal Hygiene –grooming, shampooing, shaving, skin care, oral care, etc.
    - d. Dressing – clothes, underwear, prostheses and orthotics
    - e. Mobility or ambulating, including mastering the use of adaptive aids and equipment
    - f. Toileting and transferring
  - 2. Assistance with instrumental activities of daily living (IADLs) such as:
    - a. Meal Planning and preparation
    - b. Laundry
    - c. Managing finances
    - d. Communication
    - e. Shopping and errands
    - f. Traveling and participation in the community
    - g. Light housekeeping
    - h. Chore services consisting of general tasks such as meal preparation, routing household care and laundry
    - i. Assistance with medications to the extent permitted by Nurse Practice Act
  - 3. Provision of Employment Supports which are designed to help persons acquire, retain or improve skills that directly affect their ability to attain or maintain employment. Employment Supports activities may include:
    - a. Assistance getting ready for work, including preparing lunch,
    - b. Assistance with personal hygiene,
    - c. Assistance with ADLs and IADLs and health-related needs in the workplace,
    - d. Direct assistance in the workplace,
    - e. Transportation to work and job interviews, including assistance using public transportation,
    - f. Setting up job interviews, and
    - g. Assistance with managing challenging behaviors while in the workplace.
  - 4. Decision making support, which includes assistance in the development of responses to dangerously threatening situations, making decisions and choices affecting the person's life and initiating changes in living arrangement or life activities,



5. Money management support, which includes assistance in handling personal finances, making purchases and meeting personal financial obligations,
  6. Socialization support, which includes assistance in participating in general community activities, including establishing and maintaining relationships with peers and other significant persons,
  7. Community integration experiences include activities intended to instruct the person in skills such as shopping, church attendance, sports, participation in clubs, etc.
    - a. Community experiences include activities and supports to accomplish personal goals or learning areas including recreation and specific training or leisure activities which are adapted according to the person needs.
  8. Communication includes training in vocabulary building, use of augmentative communication devices, receptive and expressive language,
  9. Behavior shaping and management includes developing appropriate expressions of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors,
  10. Reinforcement of therapeutic services consists of conducting exercises or otherwise reinforcing physical, occupational, speech and other therapeutic services, including range of motion exercises, to the extent permitted by state laws,
  11. Appropriate use of leisure time and exercise to the extent necessary to increase independence, and
  12. Community nursing services, provided within the scope of the Nurse Practice Act, which assist persons in the acquisition, maintenance, and enhancement of skills necessary to accomplish health related tasks.
- C. Supportive Living services may be provided in settings such as:
1. The person's owned, rented, or leased home,
  2. Another person's owned, rented or leased home,
  3. A provider owned, rented or leased home,
  4. In the community or in the workplace, and
  5. In a clinic, a classroom or classroom-like setting.
- D. The services must be based on an assessed need and be included in a person-centered plan.
- E. The following exclusions or restrictions apply to this service:
1. This service does not include nursing care that would be ordinarily be provided by a Licensed Practical Nurse or a Registered Nurse.
  2. This service does not include medical and health care services that are not routinely provided to meet the daily needs of persons.
  3. This service does not include payment for room and board or the general maintenance, upkeep or improvement to the person's place of residence.
  4. This service does not include veterinary or other care, food, or ancillary equipment that may be needed by an animal utilized in Animal services.
- F. The provider Organization must maintain the following information in the record of the person:
1. Each episode of service delivery, including the,
    - a. Date and time of service,

- b. Service tasks performed,
- c. Location at which the service was performed,
- d. Name of the staff person providing the service,
- e. Beginning and ending times the service was provided, and
- f. Provider staff's written or electronic signature

## **2003 Case Management**

- A. Case Management services are those services that assist persons in gaining access to needed services, regardless of the funding source of the service. Case management services include
  - 1. Responsibility for guidance and support in all life activities including locating, coordinating and monitoring implementation of services,
  - 2. Ensuring implementation of the person-centered service plan,
  - 3. Ensuring that persons access a full range of appropriate services in a planned, coordinated, efficient and effective manner,
  - 4. Coordination with the direct service provider, and
  - 5. Coordination with all parties involved in services to the person.
- B. Case managers are responsible for, at least, the following activities:
  - 1. Attendance at all planning meetings,
  - 2. Arranging for the provision of services and additional informal community supports,
  - 3. Meeting face-to-face with the person at least once each month at a location that is convenient to the person ,
  - 4. Meeting face-to-face with the person at their place of residence at least once each 12 month period,
  - 5. Reporting any interruption in service of 30 or more consecutive days,
  - 6. Meeting face-to-face with a person while that person is experiencing a period of abeyance of services,
  - 7. Arranging for Counseling and Financial Management Services, if the person is participating in a Consumer- directed model,
  - 8. Scheduling planning meetings at a time and location that is convenient for the person ,
  - 9. Monitoring and reviewing services included in the person's person-centered service plan,
  - 10. Monitoring and reviewing services provision in order to assure health and safety of the person ,
  - 11. Conducting risk assessments, identifying backup supports and measures to mitigate the risk, and incorporating risk management strategy into the person-centered service plan,
  - 12. Facilitating crisis intervention,
  - 13. Providing guidance and support to obtain generic services,
  - 14. Ensuring that the person's needs are assessed, with resulting referrals to needed resources,
  - 15. Ensuring that revisions are made to the person-centered service plan when the person's needs change,
  - 16. Monitoring to ensure quality of services and to assess if the person is progressing toward meeting goals and objectives in the person-centered service plan,
  - 17. Conducting the final inspection for the quality of any modifications and compliance with specifications and building codes,
  - 18. Providing assistance in obtaining and maintaining eligibility for Medicaid HCBS eligibility and ICF/IID level of care eligibility determination;

19. Assuring the integrity of all case management Medicaid HCBS billing.
  20. Assuring timely submission of behavior and assessment reports, person-centered service plans, revisions as needs change and information and documents required for ICF/IID level of care and Medicaid eligibility determinations,
  21. Obtaining the physician certification of level of care, psychological assessments and prescriptions for services,
  22. Arranging for access to advocacy services in the event that case management and direct care supervision are provided by same provider entity,
  23. Ensuring that copies of pertinent documents from DDS and service providers are made available to the person,
  24. Providing assistance with appeals by conducting activities such as arranging for access to advocacy service and providing the person with applicable documents, and
  25. Providing to the person the name and contact information for the DDS Specialist and the DDS Licensure Manager.
- C. Case management services may be provided to persons under the following additional conditions:
1. During the last 180 days of their stay in an institution as they transition to HCBS and ACFC services, and
  2. Ninety days after a person voluntarily withdraws from HCBS services.
- D. The following exclusions or restrictions apply to this service:
1. Case management services may not include the provision of direct services to the person that are typically or otherwise covered as a service under HCBS, ACFC or State Plan.
  2. The same person may not serve as the case manager and the direct care supervisor when that person is employed by the same provider entity.
- E. The Case Manager must document the following information in the record of the person:
1. Each contact with the person, including
    - a. The date and time,
    - b. The location,
    - c. Who was present, and
    - d. A summary of what was discussed, including any requests made by the person for a change in services.

#### **2004 Non-Medical transportation**

- A. Non-medical transportation is a service designed to ensure that person s have access to their community.
- B. Non-medical transportation may be used to provide transportation to persons to and from:
1. Day program,
  2. Volunteer activities,
  3. Training programs,
  4. Work,
  5. Home, and
  6. Other community services, activities and resources.

C. The following conditions apply to this services:

1. The services must be based on an assessed need and be included in a person-centered service plan.
2. The provider must furnish evidence of a service back-up plan to provide service when a vehicle becomes inoperable;
3. The provider or the owner of the vehicle must maintain appropriate insurance and registration.
  - a. The provider must maintain a copy of the current certificate of insurance for all vehicles owned or operated by the provider and for all vehicles owned by staff that provide transportation, and
  - b. A copy of the current vehicle registration
4. The provider must ensure that all vehicles owned or operated by the organization are maintained according to manufacturer's recommendations.
5. The provider must ensure that transportation services shall be provided by personnel or contractors in a safe manner consistent with the regulations of the local authorities.
6. The provider must ensure that each driver maintains trip sheets for services provided in provider owned or operated and staff owned vehicles that includes:
  - a. The date of service
  - b. The person's name,
  - c. The pick-up and destination point for each trip,
  - d. Total mileage per trip, and
  - e. The driver's signature.
7. The provider must ensure that vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position.
8. The provider must ensure that each driver completes and documents a safety check prior to each trip. The check must include, at least, confirmation of:
  - a. Up-to-date fire extinguisher,
  - b. Fully stocked First Aid kit,
  - c. Proper tire pressure, and
  - d. Properly operating lights and windshield wipers.
9. The provider must ensure that, in the event of an accident that occurs during working hours, the provider will conduct or obtain a chemical test or test of the driver's blood, breath, or urine for the purpose of determining the alcohol or drug content of the driver's blood, breath or urine.

D. The following restrictions or exclusions apply to this services:

1. This service may not be used to provide transportation to medical care.

E. The provider Organization must maintain the following information in the record of the person:

1. Each episode of service delivery, including the,
  - a. Date and time the person was picked up and dropped off,
  - b. Location of pick-up and drop off,
  - c. Name of the driver, and
  - d. Driver's written or electronic signature

## **2005 Organized Health Care Delivery System**

- A. The Organized Health Care Delivery System (OHCDS) is a mechanism which allows a provider to contract with another entity, who is not certified by DDS, to provide any ACFC or HCBS service.
- B. An Organization eligible to utilize OHCDS must:
  - 1. Be certified by DDS as an HCBS provider or as a DDS ACFC provider, and
  - 2. Provide HCBS case management services or ACFC Supportive Living, and
  - 3. Deliver at least one service directly utilizing its own employees.
- C. An Organization who utilizes OHCDS must have a written and duly executed contract which must include at least the following:
  - 1. A clear statement of the work to be performed by the contractor,
  - 2. Clearly stated and measurable Performance Indicators,
  - 3. Clearly stated desired outcomes,
  - 4. Remedies for non-compliance with contract requirements, and
  - 5. Requirements for the contractor to comply with all applicable Medicaid and DDS requirements or standards.
- D. An Organization who utilizes OHCDS must:
  - 1. Verify the qualifications of persons who directly provide services,
  - 2. Verify that all persons who directly provide services meet the requirements contained in the “DDS Standards for Conducting Criminal Record Checks for Employees of DDS Providers”,
  - 3. Verify that all applicable licensing or bonding is in place,
  - 4. Formally assess the performance of the contractor at least quarterly, and
  - 5. Ensure that contractors comply with all Medicaid and DDS documentation and record keeping requirements.
- E. An Organization who utilizes OHCDS is solely liable for a contractor’s performance and compliance with applicable rules and regulations.
- F. An Organization who utilizes OHCDS must ensure that there is no employer–employee relationship between the Organization and the contractor.

## **2006 Consultation Services**

- A. Consultation services may be in the form of Risk Management Plans and Crisis Intervention. It may also be in the form of training or support. Crisis Intervention may be provided as a consultation service or it may be offered directly as a service. In either case, the service must be included in the person-centered service plan.
- B. Consultation may include, but is not limited to, services such as:
  - 1. Training direct services staff or family members in carrying out the person-centered service plan.
  - 2. Providing information and assistance to persons responsible for developing the person-centered service plan.

3. Designing a behavior management plan to be followed by staff and family members.
    - a. The plan must be written and implemented according to provisions described in Section 1000.
  4. Training staff or family members in de-escalation techniques that are developed as part of a behavior management plan.
  5. Designing special meal plans, as identified in the person-centered service plan.
  6. Assisting with exercise regimens , as identified in the person-centered service plan,
  7. Training staff or family to address specified medical conditions,
  8. Determining the need for and assisting in the selection of assistive technology and environmental modifications,
  9. Training and assisting in the set up and use of assistive technology and environmental modifications, and
  10. Training regarding self-advocacy.
- C. Consultation services may be provided in settings such as the person's home, another person's home, or in the community.
- D. The following conditions apply to this service:
1. The services must be based on an assessed need and included in the person-center service plan.
- E. The provider Organization must maintain the following information in the record of the person:
1. Each episode of service delivery, including the,
    - a. Date and time of service,
    - b. Service tasks performed,
    - c. Location at which the service was performed,
    - d. Name and credentials of the person providing the service,
    - e. Beginning and ending times the service was provided,
    - f. A copy of any written document produced, and
    - g. Provider's written or electronic signature.

## **2007 Relief Care**

- A. Relief Care is a service designed to provide temporary, short-term support to a person who has an assessed need for support and whose non-paid or paid caregiver is absent or is in need of relief from their care giving duties. The service is designed to meet an emergency need or to provide scheduled relief periods for the regular caregiver.
- B. Services may be provided in a wide variety of settings, including, but not limited to:
1. The person's residence;
  2. The private residence of a Relief Care provider;
  3. Foster home;
  4. Medicaid certified ICF/IID;
  5. Group home;
  6. Licensed respite care facility;
  7. Medicaid certified hospital;
  8. Medicaid certified nursing facility;



9. A licensed or accredited residential mental health facility;
  10. Licensed day care facility;
  11. Licensed day care home or other lawful child care setting;
  12. Camp serving persons with a developmental disability that is licensed or specifically exempt from licensing by the state in which the camp is located.
  13. Residential care facility;
  14. Adult day care;
  15. Adult day health care;
  16. Licensed level I or II assisted living facility; and
  17. Certified Adult Family Home.
- C. The following conditions apply to this service:
1. The services must be based on an assessed need and be included in the person-centered service plan.
  2. Parents or guardians are responsible for the cost of basic child care.
- D. The following exclusions or restrictions apply to this service:
1. The services may not be used to supplant the responsibility of the parent or guardian..

## **2008 Crisis Intervention**

- A. Crisis Intervention is a service designed to offer immediate, short-term help to persons who experience an event that produces emotional, mental, physical, and behavioral distress or problems and is offered as a non-scheduled emergency intervention.
1. A crisis may be any situation in which a person perceives a sudden loss of their ability to use effective problem-solving and coping skills.
  2. A number of events or circumstances can be considered a crisis, such as:
    - a. Life-threatening natural disasters such as earthquakes or tornados,
    - b. Sexual assault or other criminal victimization,
    - c. Medical illness,
    - d. Mental illness,
    - e. Cognitive impairment,
    - f. Income or financial issues,
    - g. Safety or cleanliness of a residence,
    - h. Loss of natural supports,
    - i. Poor access to services,
    - j. Thoughts of suicide or homicide; and
    - k. Loss of or drastic changes in relationships.
- B. Specific services which may be provided as Crisis Intervention, include, but are not limited to:
1. Assessing the situation and the person's response to the situation,
  2. Making contact with the person and establishing a collaborative relationship with them,
  3. Identifying dangers, problems, or crisis triggers,
  4. Educating the person about alternative responses to crises and new coping strategies, as established in a written behavior management plan,
  5. Restoring positive functioning through implementation of the person-centered service plan,

6. Suicide intervention, and
  7. Planning to follow-up to avoid further crises.
- C. The service may be delivered at any setting where the crisis is occurring, including in a facility setting.
- D. The following conditions apply to this service:
1. The services may be provided based on the occurrence of a crisis and need not be included in a person-centered service plan, and
  2. The service is provided as a nonscheduled emergency intervention, available 24 hours per day, and 365 days per year.
  3. The service may be provided only by licensed or certified professionals and qualified persons or agencies.
  4. Providers must be able to initiate services on-site within two hours of the request for the service.
- E. Documentation for crisis intervention services must, at a minimum, include
1. The time of the request,
  2. The name of the person making the request,
  3. The time of arrival on-site,
  4. A summary of the intervention services provided,
  5. Any recommendations for changes in the behavior plan or recommendations in change in medications,
  6. The time intervention services were discontinued,
  7. Signature of the provider, and
  8. The signature of the Case Manager.

## **2009 Positive Behavioral Supports**

- A. Positive Behavioral Supports is a service designed to assist persons with challenging behaviors that interfere with their ability to integrate into and reside successfully in the community.
- B. Specific services which may be provided as Positive Behavioral Supports, include, but are not limited to:
1. Development of a positive behavior supports plan,
  2. Consultation with the direct care service provider regarding implementation of the plan and how to mitigate challenging behaviors.
- C. The service may be delivered in the home of the person or in the community.
1. The service may be delivered face-to-face or using a telephone or other communication device.
- D. The following conditions apply to this service:
1. These services do not include rehabilitation or treatment of mental health conditions
  2. The provision of this service must not supplant the provision of personal attendant services.



## 2010 Supported Employment

- A. Supported employment is a service that is provided in collaboration with Arkansas Rehabilitation Services (ARS). Supported employment consists of habilitative and rehabilitative services that include support to establish, regain, or maintain self-employment, including home-based self-employment and competitive employment in integrated settings, earning minimum wage or above.
- B. Specific services which may be provided may include, but are not limited to the following:
1. Employment Preparation and Career Planning, which includes:
    - a. Employment readiness assessment,
    - b. Employment plan development,
    - c. Work incentive counseling regarding topics such as,
      - i. Ticket to Work,
      - ii. SSDI,
      - iii. Preparation of SSA PASS plan,
      - iv. Reporting earnings,
      - v. Financial literacy,
      - vi. Guidance budgeting, and
      - vii. Claiming EITC
    - d. Employment preparation training, which includes:
      - i. Attendance and punctuality
      - ii. Personal appearance
      - iii. Communication and dispute resolution
      - iv. Networking
      - v. Completing job applications
      - vi. Developing resumes,
      - vii. Obtaining references, and
      - viii. Understanding employer expectations
  2. Employment Placement, which includes,
    - a. Continuation of Pre-Employment Training
    - b. Identification of potential jobs and employers that match the person's job goals and abilities
    - c. Job search activities
    - d. Negotiation of job creation, and
    - e. Accompanying persons to job interviews
  3. Employment and Post-Placement Support, which includes:
    - a. Job orientation
    - b. Monitoring job attendance, productivity, and socialization
    - c. Monitoring employer satisfaction
    - d. Assistance with opening and maintaining bank accounts, and
    - e. Follow along long-term supports.

- C. The service may be delivered in the home of the person or in the community workplace setting.
- D. The following conditions apply to this service:
  - 1. The service provider has determined that the person may be able to work 15 hours or more per week in an integrated, competitive employment environment, which triggers an ARS eligibility assessment,
  - 2. The person must be certified by ARS as eligible for supported employment prior to initiating services,
  - 3. The person works 15 hours or more per week but is not eligible for ARS service due to lack of funding, a medical waiver or other factors, or
  - 4. The person has a closed ARS case.

## **2011 Community Transition**

- A. Community Transition is a service designed to provide funds for one-time set-up expenses associated with transitioning from a nursing facility, institution for mental disease, or intermediate care facility for individuals with intellectual disabilities to a home and community-based setting.
- B. Specific expenses which may be paid or items which may be purchased with these funds include, but are not limited to:
  - 1. Security deposits required to obtain a lease on an apartment or house;
  - 2. Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
  - 3. First month's rent;
  - 4. First month's utilities;
  - 5. Moving expenses;
  - 6. Essential household furnishings, including furniture, window coverings, food preparation items, and bed and bath linens;
  - 7. Services necessary for the person's health and safety such as one-time cleaning prior to occupancy; and
  - 8. Necessary home accessibility adaptations;
- C. The following conditions apply to this service:
  - 1. The services must be based on a need identified during a person-centered planning process and be included in a person-centered service plan.
  - 2. The person must be unable to pay for the items or the fees,
  - 3. Expenditures are reasonable and necessary,
  - 4. Payment for the fees or items cannot be obtained from other sources.
- D. The following exclusions or restrictions apply to this service:
  - 1. The funds may not be used to pay for room and board except for first month's rent,
  - 2. The funds may not be used to purchase household appliances or items that are intended for diversional or recreational purposes, such as televisions, cable TV access or video players,
  - 3. The funds may not be used to purchase food, and

4. The funds may not be used to pay for furnishing living arrangements that are owned or leased by a Medicaid provider where the provision of these items and services is part of the service.

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## 2100 RESIDENTIAL SETTINGS

- A. Organizations must provide residential services in setting which meet the requirements for Home and Community Based Service setting defined at §441.301(c)(4) and §441.710 respectively and be based on the needs of the person as described in their person-centered service plan.
- B. Organizations must provide residential services in a manner that supports and promotes the belief that person must have full access to the benefits of the community and receive services in the most integrated setting. The setting must:
  - 1. Be integrated in and support full access of persons to the greater community to the same degree of access as persons not receiving HCBS, including:
    - a. Opportunities to seek employment and work in competitive integrated settings,
    - b. Engage in community life, control personal resources, and
    - c. Receive services in the community.
  - 2. Be selected by the person from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options must be:
    - a. Identified and documented in the person-centered service plan and
    - b. Based on the person's needs and preferences, and,
    - c. For residential settings, resources available for room and board.
  - 3. Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
  - 4. Optimize, but not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
  - 5. Facilitate individual choice regarding services and supports, and who provides them.
- C. Organizations must ensure that, in a provider-owned or controlled residential setting, the following conditions must be met:
  - 1. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the person receiving services, and the person has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.
  - 2. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each person, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
  - 3. Each person has privacy in their sleeping or living unit:
  - 4. Units have entrance doors lockable by the person, with only appropriate staff having keys to doors.
  - 5. Persons sharing units have a choice of roommates in that setting.
  - 6. Persons have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
  - 7. Persons have the freedom and support to control their own schedules and activities, and have access to food at any time.
  - 8. Persons are able to have visitors of their choosing at any time.
  - 9. The setting is physically accessible to the person.

- D. The Organization must ensure that any modification of the conditions specified in A, B, and C above, must be supported by a specific assessed need and justified in the person-centered service plan. The following must be documented in the person-centered service plan if any modifications are made:
1. A specific and individualized assessed need,
  2. The positive interventions and supports used prior to any modifications to the person-centered service plan,
  3. Less intrusive methods of meeting the need that have been tried but did not work,
  4. A clear description of the condition that is directly proportionate to the specific assessed need,
  5. Regular collection and review of data to measure the ongoing effectiveness of the modification,
  6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated,
  7. The informed consent of the person, and
  8. An assurance that interventions and supports will cause no harm to the person.
- E. The Organization may not make any general or “across the board” modifications to the requirements in A, B, and C above. All modifications must be specific to a person as described in D above.

## 2200 DAY SERVICE SETTINGS

- A. Organizations must provide day services in setting which meet the requirements for Home and Community Based Service setting defined at §441.301(c)(4) and §441.710 respectively and be based on the needs of the person as described in their person-centered service plan.
- B. Organizations must provide day services in a manner that supports and promotes the belief that person must have full access to the benefits of the community and receive services in the most integrated setting. The setting must:
  - 1. Be integrated in and support full access of persons to the greater community to the same degree of access as persons not receiving HCBS.
  - 2. Be selected by the person from among setting options including non-disability specific settings. The setting options must be:
    - a. Identified and documented in the person-centered service plan and
    - b. Based on the person's needs and preferences.
  - 3. Ensure a person's rights of privacy, dignity and respect, and freedom from coercion and restraint.
  - 4. Optimize, but not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
  - 5. Facilitate individual choice regarding the activities in which they participate during the day.
- C. Organizations must ensure that persons have choice regarding, at least, the following:
  - 1. The activities, (which must be based on an assessed need and correspond to a measurable goal) in which they participate,
  - 2. What they eat for lunch, and where, and
  - 3. The number of days and the days of the week they wish to participate in day services.
- D. Organizations must ensure that, at a minimum, persons in the day setting may exercise their right to:
  - 1. Participate in meaningful, age-appropriate activities of their choosing,
  - 2. Have privacy in toilet areas,
  - 3. Have input into the decorations and furnishings in the building as appropriate, and
  - 4. Be treated respectfully as an adult, in the same manner as those who are not receiving HCBS services,
- E. The Organization must ensure that any modification of the conditions specified in B, C and D above, must be supported by a specific assessed need and justified in the person-centered service plan. The following must be documented in the person-centered service plan if any modifications are made:
  - 1. A specific and individualized assessed need,
  - 2. The positive interventions and supports used prior to any modifications to the person-centered service plan,
  - 3. Less intrusive methods of meeting the need that have been tried but did not work,
  - 4. A clear description of the condition that is directly proportionate to the specific assessed need,

5. Regular collection and review of data to measure the ongoing effectiveness of the modification,
  6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated,
  7. The informed consent of the person, and
  8. An assurance that interventions and supports will cause no harm to the person.
- F. The Organization may not make any general or “across the board” modifications to the requirements in A, B, C, and D above. All modifications must be specific to a person as described in E above.

## **2300 DUE PROCESS**

### **2301 Definition**

- A. Due Process is a fundamental guarantee that the provider will conduct, in a fair manner, all proceedings regarding the persons they serve and will give to the persons they serve notice of the proceedings. The process must also afford persons an opportunity to be heard before the provider takes certain actions involving the person. Due process is an integral part of the interactions the provider has with the persons they serve and is also specific actions that the provider must undertake and notices and approvals that the provider must provide and obtain.

### **2302 Specific Actions within the Process**

- A. The provider must afford Due Process to the persons to whom they provide services, to include at least the following:
1. The provider must establish, maintain and implement procedural safeguards that guarantee persons an opportunity to examine records and to participate in meetings. At a minimum, the provider must ensure that persons:
    - a. Have an opportunity to examine all their program records, and
    - b. Have an opportunity to participate in meetings with respect to their evaluation and person-centered planning.
  2. The provider must establish, maintain and implement procedural safeguards that guarantee that the provider gives to the person written notice of any meetings regarding them or their services. The notice must:
    - a. Include a written description of the action,
    - b. Include an explanation of why the action is proposed, and
    - c. Be written in a language understandable to the person.
  3. The provider must establish, maintain and implement procedural safeguards that guarantee that the provider obtains informed consent from the person prior to conducting evaluations of them.
  4. The provider must establish, maintain and implement procedural safeguards that guarantee that persons have the opportunity to complain to the provider.
  5. The provider must also afford Due Process to the legal guardian of any person for whom the court has appointed a guardian and if Due Process has been specifically granted by order to the guardian.



## **2400 SITE APPROVAL**

### **2401 Notice**

- A. The Organization shall provide DDS with written notification of the intent to add an additional physical plant or to relocate any physical plant in which they provide residential or respite services at least 60 calendar days prior to the proposed relocation.
- B. If the establishment of an additional physical plant or relocation involves new construction, the Organization shall provide DDS with copies of architectural drawings that include dimensions of interior walls and information regarding any changes made during the course of construction that deviate from the architectural drawings as soon as practicable but in no event later than 60 calendar days prior to the proposed change.

### **2402 Permission**

- A. Before the Organization provides services at a new site or moves persons to a new site, the Organization must ensure that they have written permission from DDS to do so.

## **2500 PAYMENT TO RELATIVES**

### **2501 Persons less than 18 years of age**

- A. Organization may not utilize Medicaid funds to compensate adoptive or natural parents, step-parents or legal representatives or legal guardians for services provided to persons less than 18 years of age.

### **2502 Persons over 18 years of age**

- A. Organizations may not utilize Medicaid funds to compensate a spouse or a legal representative of a person 18 years of age or older.

### **2503 Qualifications**

- A. Organizations must require and ensure that relatives, other than those specified above as excluded, meet all qualifications and training requirements specified by DDS and by the Organization for that position.

## **2600 DESIGNATION OF SERVICES, AREA AND NUMBERS**

### **2601 Numbers Served**

- A. Organizations must specify in writing, at the time of application to DDS, the maximum number of persons they wish to serve.
  - 1. Organizations may elect to serve an infinite number of persons.
- B. Organizations must request in writing and receive written permission from DDS before reducing the number of persons they serve.
  - 1. Organizations may reduce numbers served only by attrition.

### **2602 Counties Served**

- A. Organizations must specify in writing, at the time of application to DDS, the counties in Arkansas they wish to serve.
  - 1. Organizations may designate parts of counties.
  - 2. Organizations may continue to serve a person who moves from a county served to a county not served by the Organization.
- B. Organizations must request in writing and receive written permission from DDS before adding or removing counties from their service area.
  - 1. The written request must specify the reason for removing a county and identify all persons in that county currently being provided services.
  - 2. Organizations must continue to provide services to all persons in a county until those persons are successfully transitioned to a new provider.

### **2603 Services**

- A. Organizations must specify in writing, at the time of application to DDS, the services they wish to provide.
- B. Organizations must request in writing and receive written permission from DDS before adding or removing services.
  - 1. The written request must specify the reason for removing a service and identify all persons currently being provided that service.
- C. Organizations must continue to provide services to all persons until those persons are successfully transitioned to a new provider for that service.

## GLOSSARY

**Abevance** – The temporary status of services to a person when that person no longer needs services due to their being in an ineligible setting such as a hospital, jail, or other institution.

**Alternate Living Home** – A living arrangement in the community, owned, operated or under the control of a certified provider, for persons who are receiving community based services and supports.

**Assistive technology** - Any electronic or mechanical, external, assistive, adaptive or rehabilitative device that aids a person with a disability, to gain functional capability and independence.

**Corporal Punishment** - Any punishment in which physical force is used for the deliberate infliction of pain or discomfort, however light, for the purposes of disciplining or reforming an individual or to deter behaviors.

**Current Provider**: The organization currently providing services to a person.

**Data Collection** – The process of collecting specific information from a variety of sources pertaining to a person’s annual goals and designed to measure and record the progress on each short-term objective. Data Collection captures a complete and accurate picture of the person’s progress in achieving goals contained in their person-centered service plan.

**Governing Body** – Also refers to Board of Directors. A body of people who have been chosen by the corporation and vested with legal authority to be responsible for directing the business and affairs of the corporation.

**Group Home** – A residential facility, owned, operated or under the control of an Organization who is certified or licensed by DDS, located within a community designed to serve persons with developmental disabilities. These facilities have 14 or fewer occupants and are staffed 24 hours a day by trained caregivers.

**Guardian** - a person who is entrusted by law with the care of the person or property, or both, of another, as a minor or someone legally incapable of managing his or her own affairs.

**Legal Representative** - an individual who has the official authority to act on behalf of another individual, and includes an attorney in fact or any other person acting in a fiduciary capacity for the person receiving services

**Medication Error** - any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use

**Normalization** - The achievement of the usual or expected conditions of life opportunities that reflect the pattern of everyday living available to people who do not receive home and community based services through receipt of services and supports.

**Organization** – The entity certified by DDS to provide home and community based services.

**Person** – Refers to a person who is receiving home and community based services from an Organization certified by DDS. Additionally, the use of the term intends to be inclusive of that person's guardian or legal representative, if one has been appointed.

**Pro Re Nata** – (PRN) as needed

**Prospective Provider**: Any provider (other than the current provider) from whom a person has interest in receiving services in the future.

**Sentinel Event** – an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.

**Volunteer** - a person who voluntarily offers himself or herself for a service or undertaking willingly and without pay.